S. No. 2
M—5-43
5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11875

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3635

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3903 Ashland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3903 Ashland Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis W. Ullrich

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha B. Ullrich nee Niemeyer

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased November 20, 1871 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business

FATHER
12. Name Louis Ullrich
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Gertrude Hammer
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Bertha B. Ullrich
(b) Address 3903 Ashland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 23, year 1945 hour 2:45 AM minute M.

21. I hereby certify that I attended the deceased from March 12, 1945, to April 23, 1945, that I last saw him alive on April 22, 1945, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hemorrhage | |
| Due to Carcinoma of Cranial Cavity | 2 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis | 10 yrs |

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. H. Hermann (M. D. or other) D.O.
Address 1505 Grape Date signed 4/23/45

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Gustav W. Dietle

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**