

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43036**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10578**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Connecticut b. COUNTY, Fairfield	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Darien	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Chase Hotel-212 N. Kingshighway	
d. FULL NAME OF HOSPITAL OR INSTITUTION		11 Deepwood Rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) August	b. (Middle) Frederick	c. (Last) Ulbert	4. DATE OF DEATH (Month) (Day) (Year)
				Dec. 8, 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1899	9. AGE (In years last birthday) Months Days Hours Min. 50
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Company Officer	10b. KIND OF BUSINESS OR INDUSTRY Alco Valve Co.	11. BIRTHPLACE (State or foreign country) East Hartford, Conn.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Bruno K. Ulbert	13b. MOTHER'S MAIDEN NAME Mary Unknown	14. NAME OF HUSBAND OR WIFE Esther Browne Ulbert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Browne Ulbert, Darien, Conn.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ Cerebral Apoplexy DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Darien, Conn.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 334X
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:59 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Catriel Taylor, Coroner	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12/18/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-8-49	24c. NAME OF CEMETERY OR CREMATORY Spring Grove	24d. LOCATION (City, town, or county) (State) Darien, Conn.
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DATE REC'D BY LOCAL REG. DEC 8 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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~~ *Me*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edouard Remeluis*

Licensed Embalmer No. *4283*

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.