

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JAN 7 1957

State File No. **44166**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2992

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Lemay 4000</u>	
c. LENGTH OF STAY (in this place) <u>1 HOUR</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>Rt. 9, Box 226 Cliff Cave Rd.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Ulysses</u> b. (Middle) _____ c. (Last) <u>Aulbach</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 17, 1956</u>	
<b>5. SEX</b> <u>Male</u> <b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	
<b>8. DATE OF BIRTH</b> <u>Nov. 17, 1913</u>		<b>9. AGE</b> (In years last birthday) <u>43</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Bricklayer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Vickery Cont.</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Fred Aulbach</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amelia Schnellmann</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Florence Aulbach</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW# 2</u>		<b>16. SOCIAL SECURITY NO.</b> <u>492-05-3967</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Florence Aulbach, Rt. #, Box 226</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Irreversible shock due to blood loss; Interperitoneal hemorrhage, suspected.</u> <b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Acute Brain Damage - multiple lacerations &amp; fractures</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hrs.</u>	
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<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Homicide</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>400</u> (COUNTY) (STATE)	

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Dec. 16 - 56</u> m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>Driver of car involved in head-on collision.</u>	
<b>22. I hereby certify that I attended the deceased from</b> <u>12-16, 1956</u> to <u>12-17, 1956</u> that I last saw the deceased alive on <u>12-17, 1956</u> , and that death occurred at <u>1:00 A. m.</u> , from the causes and on the date stated above.					

<b>23a. SIGNATURE</b> (Degree or title) <u>Joseph L. Dugan MD</u>		<b>23b. ADDRESS</b> <u>601 S. Brentwood Clayton, 5 Mo</u>		<b>23c. DATE SIGNED</b> <u>12/17/56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>12-20-56</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Olive</u>	
<b>24d. LOCATION</b> (City, town, or county) / (State) <u>Lemay 23, Missouri</u>					

<b>DATE REC'D BY LOCAL REG.</b> <u>12-18-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Berkel B. Blum MD</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Fendler Und. Co. 7420 Michigan</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*W. G. Peterson*

Licensed Embalmer No. 376

P. O. Address 7420 Mico

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.