

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. E 4 2855

31 ✓

BIRTH NO. _____
 1. NAME OF DECEASED (Type or Print) Frank Ulrich 2. DATE AND HOUR OF DEATH 2-11-29 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
 FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 823 N. Montford Ave.
 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE md. B. COUNTY Baltimore
 C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
 E. STREET AND NUMBER 823 N. Montford Ave.

5. SEX m 6. RACE w 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
 8. DATE OF BIRTH 11-22-1899 9. AGE (In years last birthday) 29
 If Under 1 Yr. Months: 2 Days: 20 If Under 24 Hrs. Hours: _____ Min. _____
 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ball player (Baseball - Phila Nat. B.B. Club) 10B. KIND OF BUSINESS OR INDUSTRY Baltimore
 11. BIRTHPLACE (State or foreign country) _____ 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME James Ulrich 14. MOTHER'S MAIDEN NAME Josephine Dulak
 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____
 17. INFORMANT John Ulrich - 823 N. Montford ADDRESS _____

18. CAUSE OF DEATH
 I
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
 ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
 (A) IMMEDIATE CAUSE Pulmonary Tbc. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr.
 DUE TO, OR AS A CONSEQUENCE OF:
 (B) _____
 DUE TO, OR AS A CONSEQUENCE OF:
 (C) _____

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Cardiac exhaustion APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day

19A. DATE OF OPERATION _____ 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____ 20A. AUTOPSY? (Yes or No) _____ 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? _____
 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location) _____
 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX) _____ 21E. INJURY OCCURRED White At Work Not White At Work 21F. HOW DID INJURY OCCUR _____

22. I certify that (I) (this hospital) attended the deceased from 2-2-29 19____ to 2-11-29 19____ that (I) (we) last saw the deceased alive on 2-11-29 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE _____ 23B. DATE SIGNED _____
 DEGREE _____ Attending Phys. Med. Director Staff Phys.

23C. PHYSICIAN'S NAME (Type) Strom A. Rasmussen DEGREE _____ 23D. ADDRESS 801 N. Kenwood Ave.

24A. BURIAL, CREMATION, REMOVAL (Specify) burial 24B. DATE 2-14-29 24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cem 24D. LOCATION (City, town, or county) (State) _____

25A. DATE REC'D BY HEALTH DEPT. 2-12-1929 25B. NAME OF REGISTRAR Jones 25C. FUNERAL DIRECTOR August Pasak - 2406 Ashland Ave ADDRESS _____