

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21810

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 791

Township \_\_\_\_\_

Primary Registration District No. 1003

City St. Louis

(No. 500)

S. Kings Highway

File No. 5957

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Frank Urbain

(a) Residence. No. Zeigler, Ill. St. 12 Ward. Zeigler, Ill.  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-4-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Zeigler  
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Louis Urbain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Augustine Methieu

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) France

14. INFORMANT J. McIlvin  
(Address) 500 S. Kings Highway

15. FILED JUN - 3 1928 Max C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-2-28 19

17. I HEREBY CERTIFY, That I attended deceased from 6-2-28, 1928, to 6-2-28, 1928, that I last saw him alive on 6-2-28, 1928, and that death occurred, on the date stated above, at 9:35 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

63 Rickets 56  
64D (duration) \_\_\_\_\_ yrs. 2 mos. 15 ds.  
CONTRIBUTORY (SECONDARY) Atrophy (rachitic); Tetany  
(rachitic) (duration) \_\_\_\_\_ yrs. 21 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED home  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam, Pathology  
(Signed) Russell C. Stanley M. D.

June 2, 1928 (Address) St. Louis Children's

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

West Frankfort, Ill June 3 1928

22. UNDERTAKER ADDRESS

Geo L. Platts 66 Easton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

