

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 100

City St. Louis (No. 3424, Utah St.)

File No. 25743  
Registered No. 7561  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3424 Utah St., 16 Ward.

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Widow

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

Charles W. Urbanke

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 29-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

66 | 1 | 22

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Comad Kempf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Gertrude Faith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Gertrude Urbanke  
(Address) 4049 - Cleveland Ave

15. FILED 83 1923 May 23 1923  
REGISTRAR May C. Starck

**MEDICAL CERTIFICATE OF DEATH**

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1928

17. I HEREBY CERTIFY That I attended deceased from July 8th, 1928, July 20th, 1928 that I last saw him er alive on July 19th, 1928 and that death occurred, on the date stated above, at 11A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
131 92A/24  
Chronic Endocarditis  
Nephritis Chronic  
CONTRIBUTORY (SECONDARY) 3 mos. da.  
3 weeks da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

20. WAS THERE AN AUTOPSY? No.

21. WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory  
(Signed) Pruckbauer, M. D.  
7/21/28 (Address) 3147 S. Jefferson Av.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Pauls Churchyard DATE OF BURIAL July 23, 1928  
22. UNDERTAKER Hacker, Helderle ADDRESS 2331 S. Blum

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

