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 File No. 16431

Township ..... Primary Registration District No. 1008 Registered No. 4527

City St Louis (No. Mo. Baptist Sanitarium St. ..... Ward)

2. FULL NAME Beulah Urban

(a) Residence. No. 7206a Natural Bridge St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Lynn Urban

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-1911

7. AGE: Years 17 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Lee Goodman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Dora Lambert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) unknown

14. INFORMANT Dr. Lynn Urban
(Address) 7206a Nat'l. Bridge

15. FILED APR 18 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 16 1929

17. I HEREBY CERTIFY, That I attended deceased from April 11th, 1929, to April 16th, 1929, that I last saw her alive on April 16, 1929, and that death occurred, on the date stated above, at 1:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
91A
132B
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Albuminuria
(duration) ..... yrs. ..... mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Mo Baptist Hospital
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J H Barto, M. D
4/17, 1929 (Address) 6123 Easton A

*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: Valhalla Cemetery
DATE OF BURIAL: Apr 18 1929

20. UNDERTAKER: Peetz Bros. 3029 Lafayette Ave.
ADDRESS

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.

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