

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

Do not use this space.

33624

File No. _____
Registered No. **8895** _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **10133**
City **St. Louis, Mo.** - (No. **Lutheran Hospital**)

2. FULL NAME Edward Edgar Ubinger

(a) Residence, No. 7504 Minnesota St. 1 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1932		
7. AGE	YEARS	MONTHS
		3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

13. NAME Edward Ubinger

14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Myrtle Luster

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

17. INFORMANT Edward Ubinger
(ADDRESS) 7504 Minnesota

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belle, Mo. DATE Oct. 6, 1932

19. UNDERTAKER Southern Trust
(ADDRESS) 630 So Grand

20. FILED Oct - 5 1932 19 Wm. C. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 4, 1932
I last saw him alive on Oct 4, 1932 Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

Injury at birth.
(Parvula presentation) 10/1/32
Hemorrhage into abdomen & scrotum.
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Wm. C. Starkloff, M. D.
(Address) 7712 Brown

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.

