

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

Do not use this space.

38157

File No. _____
Registered No. **9791**
St. _____ Ward _____

1. PLACE OF DEATH
County _____ Registration District No. **791**
Township _____ Primary Registration District No. **MB**
City **St. Louis** (No. **3243 Michigan Ave.**)
2. FULL NAME **Caspar Urlaub**
(a) Residence, No. **3243 Michigan Ave.** St. **16** Ward _____
(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathrine Urlaub				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29th. 1855				
7. AGE	YEARS 78	MONTHS 3	DAYS 13	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement-worker			
	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) (STATE OR COUNTRY) Germany				
FATHER	13. NAME Caspar Urlaub Sr.			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Not-known			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT (ADDRESS) H. Urlaub 3243 Michigan Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE S.S. Peter-Pauls Nov. 14th. 1933				
19. UNDERTAKER (ADDRESS) Wm. Schumacher 5013 Meramec Street				
20. FILED NOV 13 1933 19 J. Briedeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11th. 1933

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 3**, 19**33**, to **Nov. 11**, 19**33**
I last saw him alive on **Nov. 10**, 19**33** Death is said to have occurred on the date stated above, at **6:30am**
The principal cause of death and related causes of importance were as follows:
Cor. Myocarditis Date of onset **11/1/33**
Arterio Sclerosis
Fracture left clavicle
Due to fall from bed at residence **Accident** Date of **11/1/33**
Other contributory cause of importance:
Arterio Sclerosis
Fracture left clavicle
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **yes** Date of injury **11/1/33**
Where did injury occur? **St. Louis Mo**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home
Manner of injury **Fell out of bed on left**
Nature of injury **Fracture left clavicle & shoulder**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **H. E. Mc Gush** M. D.
(Address) **4547 Wyoming**

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.

JAN 8 1934

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