

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

Do not use this space.

JUN 12 1937

18574

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. City Hospital)

File No. ....  
Registered No. **5150**  
St. .... Ward)

2. FULL NAME Eleanore Urberger

(a) Residence, No. 1327 Park Ave. St. 22 Ward.

(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 Female 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) Dec. 23rd. 1930.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 6 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clinton School

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) St. Louis, Mo.

13. NAME Charles Urberger

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

15. MAIDEN NAME Lola Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lola Urberger  
(ADDRESS) 1327 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May, 26th. 1937

19. UNDERTAKER Wacker-Helderle  
(ADDRESS) 2531 S. Broadway

20. FILED MAY 24 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 23rd. 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.25 A.M.

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

Fracture of skull, subdural hemorrhage struck by plymuth coach driven by Walter Orr about 75 feet west of Jefferson Ave. on Graves Ave. on May 23 1937. at 2:00 A.M.  
Accident

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? Accident Date of injury May 23, 1937

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.

Manner of injury Public Place struck by auto  
Nature of injury Fracture skull, hemorrhage

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

If so, specify Alfred Perry M. D.

(Signed) Diphly Corbier (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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