

JAN 10 1938

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

43890
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 7911
(b) Township Primary Registration District No. 1008 Registered No. 12140
(c) City St. Louis (d) Street No. 4558 Newberry Terrace St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Michael Urberger

(a) Residence, No. 4558 Newberry Terrace St. 12 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Olga Urberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 11-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
49 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 17

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

FATHER 13. NAME Alfonz Urberger

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

MOTHER 15. MAIDEN NAME Bertha Becktame

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

17. INFORMANT Olga Urberger
(ADDRESS) 4558 Newberry Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE New S.S. eter-Paul DATE Jan. 1st. 1938

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. DEC 31 1937 19 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29th. 19 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 6., 1937, to Dec 29, 1937
I last saw him alive on Dec 28, 1937 Death is said to have occurred on the date stated above, at 10.15 A.M.

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

Myocardial Degeneration of Heart
Arteriosclerosis
Acute Bronchitis
Date of onset Dec 27

Other contributory causes of importance:
Arteriosclerosis
Acute Bronchitis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy No

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? No
If so, specify
(Signed) Wm. Jefferson, M. D.
(Address) 3014 S. Jefferson

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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STATEMENT BY LICENSED EMBALMER

I, Frank J. Olyard, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2645 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Olyard

Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)