

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10489

State File No.

Registrar's No. **2578**

FILED MAR 30 1954

318

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2578

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).								
a. COUNTY				a. STATE Missouri		b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
b. CITY OR TOWN St. Louis		DOA		c. CITY OR TOWN St. Louis								
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)								
City Hospital				7906 Reilly								
3. NAME OF DECEASED			4. DATE OF DEATH									
a. (First)			b. (Middle)			c. (Last)			Month (Day) (Year)			
Charles						URSCHLER			March 21, 1954			
5. SEX	6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
Male	white		single		Feb. 7, 1890		64					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY?			
labor				Bldg. Const.		Austria			USA			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE				
unknown				unknown				none				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS								
no		488106952		Antonio Guerra, 412 E. Courtois								
18. CAUSE OF DEATH											INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)												
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.												
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)												
ANTECEDENT CAUSES												
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												
DUE TO (b)												
Pulmonary Edema												
DUE TO (c)												
Cardiac Hypertrophy												
II. OTHER SIGNIFICANT CONDITIONS												
Conditions contributing to the death but not related to the disease or condition causing death.												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?							
					434.3							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12021 m., from the causes and on the date stated above.												
23a. SIGNATURE (Deceased or title)								23b. ADDRESS		23c. DATE SIGNED		
Joseph M. Fendler, M.D.								1200 Clark		3/22/54		
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)					
Removal		3/24/54		Mt. Olive Cemetery			Lemay 23, Mo.					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
MAR 22 1954		J. Carl Smith MO				Fendler Und. Co., 7420 Michigan Ave.						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *370*

P. O. Address *7420 Maple*

**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).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**