

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community 40 years

9. (a) PRINT FULL NAME Frederick H. Urban 615

8. (b) If veteran, name war No. _____ 8. (c) Social Security No. 491-12-6559

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Urban 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. 7th 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 9 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Worker

11. Industry or business Jakes & Evans

12. Name Unknown

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Urban

(b) Address 1608 N. 19th St.

17. (a) Burial (b) Date thereof 8-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters cem.

18. (a) Signature of funeral director By: Seidner and Co

(b) Address 2223 St. Louis Ave.

19. (a) AUG 16 1940 (Date received for local registrar)
J. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1608 N. 19th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 40 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Aug 5
1940 to Aug 15 1940;
that I last saw him alive on Aug 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Chronic Myocarditis

Due to _____
Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(d) Means of injury _____

23. Signature J. Bredbeck (M. D. or other)
Address 203 Beaumont St. Date signed 5/16/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Hemphreman
3720 Washington
M 4204
8-30-9139

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.....

John A. Melisar....., Registered Apprentice No. 207
working under my personal supervision.

Signed Horner L. Ponder.....

Licensed Embalmer No. 3367.....

P. O. Address 2223 St. Louis.....

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 this body is not embalmed, above space should be left blank.