

FILED NOV 6 1942 84  
Registration District No. 115

Primary Registration District No. 115

Registrar's No. 2279

96  
3  
5

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6538 Corbitt University City Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME Charles F. Bubenik

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 8, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 5 22 hr. min.

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

10. Usual occupation Steward

11. Industry or business Retired Masonic Home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Bodo Bubenik

(b) Address 6538 Corbitt University City

17. (a) Burial (b) Date thereof 11/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) NOV 2 - 1942 (b) [Signature]  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6538 Corbitt  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
year 1942 hour 12.15 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Nov 10 1942 to Oct 30 1942  
that I last saw him alive on Oct 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis 2 day  
chronic Bronchitis 1 yr

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 93a

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?  
..... (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other)  
Address 5052 Bismarck Date signed 12/2/42

APR 2 1948

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Henry Eynock* .....  
Licensed Embalmer No..... *1284* .....  
P. O. Address..... *St Louis Mo.* .....

**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, fact should be so stated above.

0101 - 0 VCI