

FILED DEC 22 1943

Registration District No.

Primary Registration District No.

1003

Registrar's 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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 day
(Specify whether
In this community..... Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis, 19
(If outside city or town limits, write "RURAL") 923
(d) Street No. 2308 So. 10th St.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME

Charles Urberger

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

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife..... Lena Urberger

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

7. Birth date of deceased..... November 16, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 23 hr. min.

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

10. Usual occupation..... Retired

11. Industry or business..... Urberger

MOTHER FATHER

12. Name..... Urberger

13. Birthplace..... Unknown
(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..... Andrew Urberger

(b) Address..... 2308 South 10th St.

17. (a) Burial (b) Date thereof..... 12 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Park Lawn Cemetery

18. (a) Signature of funeral director..... Wacker - Aldrich, Val. Co.

(b) Address..... 3634 Gravois

19. (a) DEC 11, 1943 (b) J. F. Braded
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... December day..... 9
year..... 1943 hour..... 2:45 minute..... P. M.

21. I hereby certify that I attended the deceased from
May 14 1941 to Dec 9 1943
that I last saw him alive on..... Dec 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Ch. myocarditis Duration 2 1/2 yrs

Due to.....

Due to..... Diabetes 61

Other conditions..... Diabetes 2 yrs
(Include pregnancy within 3 months of death)

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... J. Schneider (M. D. or other) MD

Address..... 2012 29th Date signed..... 12/10/43

WRITE PLAINLY—USE UNFADING 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Robert Wheeler*
Licensed Embalmer No. *2128*
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.