

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1948
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18275
4652

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 1003

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

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:
4130 Oregon Ave.
(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 John A. Charbulack

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

7. Birth date of deceased July 17, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 5 hr. min.

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

10. Usual occupation Kruse Florist

11. Industry or business _____

MOTHER FATHER

12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Charbulack

(b) Address 4130 Oregon Ave.

17. (a) Burial (b) Date thereof 5/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Gebken-Benz Mort.

(b) Address 2842 Meramec St.

19. (a) MAY 24 1948 J. F. Bredeek
(Date received by local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4130 Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1946 hour 3 minute 53P. M.

I hereby certify that I attended the deceased from May 2 to May 22, 1946
that I last saw him alive on May 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senilephlegia

Due to Cerebral Hemorrhage

Other conditions None
(Includes pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) no

(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?
no

White at work? no (Specify type of place) (e) Means of injury _____

23. Rudolph S. Vitt (M. D. or other) 11
Address 3800 S. Broadway Date signed 5/24/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... me

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

Signed Laron E. Perry

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
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.