

FILED NOV 28 1947
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USING 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:
4475 West Pine Blvd.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **Madison**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4475 West Pine Blvd.**
(If rural, give location)

(e) Citizen of foreign country?..... **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **INA CHAMP URBAUER.**

3. (b) If veteran, name war..... **no**

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

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Hugo F. Urbauer.**

6. (c) Age of husband or wife if alive..... **79** years

7. Birth date of deceased..... **August 29 1885**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	20 hr. min.

9. Birthplace..... **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **at home**

11. Industry or business.....

12. Name..... **Charles E.M. Champ.**

13. Birthplace..... **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Sophia Farrell.**

15. Birthplace..... **Guelph, Ontario, Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Hugo F. Urbauer.**

(b) Address..... **4475 West Pine Blvd.,**

17. (a) **Cremation** (b) Date thereof..... **11-21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Grove Crematory**

18. (a) Signature of funeral director..... **C.R. Lupton & Sons.**

(b) Address..... **7233 Delmar Blvd.**

19. (a) **NOV 20 1947** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **19**
year..... **1947** hour..... **12:45** minute..... **A.** M.

21. I hereby certify that I attended the deceased from **Apr 1943** to **Nov 19 1947**
that I last saw him alive on **Nov 18 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Mediastinal hemorrhage**
Dr. malignancy of breast with the metastasis

Due to..... **50**

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

PHYSICIAN

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?.....
(Specify type of place)

While at work?..... Means of injury.....

23. Signature..... **W. Kowal** (M. D. or other).....
Address..... **4300 Olive** Date signed..... **NOV 19 1947**

AUG 28 1958

FEB 14 1958

10658

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.