

FILED MAR 19 1949

STANDARD CERTIFICATE OF DEATH

10762
State File No. 2276

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|--|--|--|-----------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 | Registrar's No. 2276 |
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri. | | a. STATE Missouri. | | |
| c. LENGTH OF STAY (In this place) | | b. COUNTY 6-11-49 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Res: 5625 Pershing Ave. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis. | | |
| 3. NAME OF DECEASED (Type or Print) | | d. STREET ADDRESS (If rural, give location) | | |
| a. (First) EUGENE | | 5625 Pershing Avenue. | | |
| b. (Middle) - - - - | | c. (Last) URBAN. | | |
| 4. DATE OF DEATH | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| 5. SEX Male. | | March 10, 1949. | | |
| 6. COLOR OR RACE White. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married. | | |
| 8. DATE OF BIRTH June 29, 1869. | | 9. AGE (In years last birthday) 79. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman. | | 10b. KIND OF BUSINESS OR INDUSTRY American Packing Co. Longtown, Missouri. | | |
| 11. BIRTHPLACE (State or foreign country) U | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Immanuel Urban. | | 13b. MOTHER'S MAIDEN NAME Theresa Gertiser. | | 14. NAME OF HUSBAND OR WIFE Rosalie Urban. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. | | 16. SOCIAL SECURITY NO. 488-16-7248 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Rosalie Urban, 5625 Pershing Ave., |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE | | |
| INTERVAL BETWEEN ONSET AND DEATH 1 YEAR | | ANTECEDENT CAUSES DUE TO (b) GENERALIZED ARTERIOSCLEROSIS 10 YEARS | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) 98 | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | AURICULAR FIBRILLATION 1 YEAR | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION NONE | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from JAN 1948, to MAR. 10, 1949, that I last saw the deceased alive on MAR. 10, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE Robert A. Hall | | 23b. ADDRESS M.D. U 3902A LAFAYETTE, St. Louis | | 23c. DATE SIGNED MAR. 11, 1949 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial. | | 24b. DATE 3/12/49. | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery. |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons. 7233 Delmar Bl'vd., | | |
| DATE REC'D BY LOCAL REG. MAR 12 1949 | | REGISTRAR'S SIGNATURE J. B. Foster | | |

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

Dr. Robert Hall.
3902 Lafayette Ave.,
GR.: 8074.

3 Ri Wash.

Dr. R. H. Hall

2276

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.