

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020773

FILED VS. JUN 6 1960

318

Primary Registration District No. 1003

Registrar's No. 5452

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4130 Oregon Ave.,		d. STREET ADDRESS (If outside, give location) 4130 Oregon Ave., Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Arthur H. Charbulack,			4. DATE OF DEATH Month Day Year May 24, 1960			
5. SEX Male.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/3/1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Stix, Baer, Fuller		11. BIRTHPLACE (City and state or country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John A. Charbulack,		13b. MOTHER'S MAIDEN NAME Emma Hoepfer,		14. NAME OF HUSBAND OR WIFE -----		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 494-03-5620		17. INFORMANT Address John E. Charbulack, 4130 Oregon Ave.,	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Anoxia, acute</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Bronchiectasis, bilateral</i>			<i>10 years</i>		
DUE TO (c) <i>Bronchitis, chronic</i>			<i>15 years</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>526x</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from *June 1950* to *May 24, '60* and last saw him alive on *4/5/60*
Death occurred at *8:05 P.M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Norman W. Deely M.D.</i>		22b. ADDRESS <i>634 N. Grand</i>		22c. DATE SIGNED <i>5/25/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		23b. DATE <i>5/27/60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park,</i>	
23d. LOCATION (City, town, or county) <i>Affton, Missouri,</i>					

24. FUNERAL DIRECTOR ADDRESS <i>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 25 1960</i>		26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec St
P. O. Address St. Louis, 18,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.