FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 22

(c) City St. Louis (d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eugene Franklin Schaub 100

(a) Residence, No. 4650 Cote Brilliant Ave. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie H. Schaub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 2nd. 1879

7. AGE: YEARS 58 MONTHS 2 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Printing
9. Industry or business in which work was done, as saw mill, bank, etc.: Salesman
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Elmo Ills.

FATHER
13. NAME: Jacob A. Schaub
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

MOTHER
15. MAIDEN NAME: Rosina Goss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Jennie H. Schaub, 4650 Cote Brilliant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Elmo, Ills. DATE 1-3-38, 19

19. FUNERAL DIRECTOR (ADDRESS): Provost Und. Co. 3710 N. Grand Blvd.

20. FILED JAN 2 1939 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-31-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1937, to 12-31, 1937

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia - lobar

Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. P. Rich, M. D.

(Address) City Hosp. #1.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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JUN 3 1947

STATEMENT BY LICENSED EMBALMER

I, E. F. Provost, Licensed Embalmer No. 1578

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 1578

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed E. F. Provost

Licensed Embalmer No. 1578

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)