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

Do not use this space.

File No. 10716
Registered No. 2527

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. 4854 Cote Brilliante St. ..... Ward)

2. FULL NAME Louisa Laube

(a) Residence. No. 4854 Cote Brilliante 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife Herman Laube

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4. 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	10	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Austria

PARENTS
10. NAME OF FATHER Frank Uhl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY) Austria

14. INFORMANT Herman Laube
(Address) 4854 Cote Brilliante

15. FILED MAR -6 1928, 19..... Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5. 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1-28, 1927, to March 5, 1928, that I last saw h. alive on March 4, 1928, and that death occurred, on the date stated above, at 7.30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
131 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. A. Thomson, M. D
March 6 1928 (Address) 3121 N Grand.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cem. — DATE OF BURIAL Mar. 7 1928

20. UNDERTAKER Guedmeyer — ADDRESS 3934 N. 20

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.