

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

15640 Use for file space.

15371

1. PLACE OF DEATH
 County City Jefferson Registration District No. 791
 Township 8800 Arsenal St. Primary Registration District No. 1003 File No. _____
 City St. Louis Mo. (No. City Jefferson) Registered No. 4602 Sl. _____ Ward _____

2. FULL NAME William Kubisch
 (a) Residence No. 718 New 4th St. 13 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Kubisch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8-1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>2</u>	<u>18</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Adolf Kubisch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Funman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1928, to Apr 26, 1928, that I last saw him alive on Apr 26, 1928, and that death occurred, on the date stated above, at 2:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
920
101 A (duration) 3 da
Chronic hypochloric & hypertensive
 CONTRIBUTORY (SECONDARY)
 (duration) 3 mos da

18. WHERE WAS DISEASE CONTRACTED Jefferson
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF none
 WAS THERE AN AUTOPSY? none
 WHAT TEST CONFIRMED DIAGNOSIS? R. Berg
 (Signed) _____ M. D.
2/27, 1928 (Address) 5800 Arsenal St

*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.

14. INFORMANT Mrs Marie Effinger
 (Address) 5800 Arsenal St

15. FILED APR 27 1928 May C Starkey REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warranton Mo DATE OF BURIAL 4-28 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2037 Wash. St

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.

