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

Do not use this space.

16253

File No. .....
Registered No. 649

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: ..... — Primary Registration District No. 1001

City: St. Joseph, (No. Missouri Methodist Hosp. St. ..... Ward)

2. FULL NAME Frederick Laubert

(a) Residence. No. 1010 Main St. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Laubert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 4, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	10	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: St. Jos. Art Glass Co.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Joseph, Mo.

PARENTS

10. NAME OF FATHER Frederick Laubert

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

12. MAIDEN NAME OF MOTHER Katie Yant

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

14. INFORMANT Miss Katherine Laubert
(Address) 1010 Main St.

15. FILED MAY 21 1928 19 John G. [illegible] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 19, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to May 19, 19 28 that I last saw h. alive on May 18, 19 ....., and that death occurred, on the date stated above, at 12:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cystitis
Pyelitis
Pyelitis

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Transurethral Enucleation of Prostate (duration) ..... yrs. ..... mos. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 17

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D

5/19/1928 (Address) St. Louis Mo

*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: Ashland Cemetery — DATE OF BURIAL: May, 21, 19 28

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD