20 1928

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

Do not use this space.

32823

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 1218

City: St. Joseph, (No. 201 American National Bank Bld'g St. ..... Ward)

2. FULL NAME Ralph Otto Stauber,

(a) Residence. No. 605 North 11th. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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 Anna Carter Stauber,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1859. 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70 ~~69~~	4	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Attorney at Law

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

(c) Name of employer: Self,

9. BIRTHPLACE (CITY OR TOWN): Martinsburg,
(STATE OR COUNTRY): Virginia,

PARENTS

10. NAME OF FATHER: T. J. Stauber,

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): Pennsylvania,

12. MAIDEN NAME OF MOTHER: Margaret Burwell,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): Virginia,

14. INFORMANT: Miss Emily Stauber
(Address) 605 North 11th. Street.

15. FILED: OCT 26 1928 — John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1928 to Oct 24, 1928 that I last saw him alive on Oct 24, 1928, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Was dying when I reached him gasped twice only after my arrival
Cardiac Angina Supposed
94A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

84

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. C. Schaiger, M. D.
Oct 25, 1928 (Address) St Joseph 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	DATE OF BURIAL
Mt. Mora (Vault) Cemetery	Oct. 27 1928

20. UNDERTAKER	ADDRESS
Heaton-Be Gole & Bowman	319 S. 10 St.

Cardiac Angina

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 UNFADING INK—THIS IS A PERMANENT RECORD