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

Do not use this space.

791 8360

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2012

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Mary Laub

(a) Residence. No. 1811a So 11th St., 23 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 Female
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 Wendel Laub

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 - 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	3	5	

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

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

PARENTS

10. NAME OF FATHER Jacob Necker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hungary
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Paul
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hungary
(STATE OR COUNTRY)

14. INFORMANT Wendel Laub
(Address) 1811a So 11th St

15. FILED 19 Max C Starkey Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 9 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/8, 1929, to 2/9, 1929, that I last saw her alive on 2/9, 1929, and that death occurred, on the date stated above, at 12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia

1018

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) .....

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) T. E. Benes, M. D

2/11, 1929 (Address) 2202 S Broadway

*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 New St Marcus — DATE OF BURIAL Feby 12 1929

20. UNDERTAKER Schneider U Co — ADDRESS 1718 So 9th

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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