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

Do not use this space.

26068

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 7259

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

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

2. FULL NAME Wm. Haub

(a) Residence. No. 5342 Arlington St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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: Ida Haub

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 16, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	8	22	

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

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

PARENTS

10. NAME OF FATHER: Wm. Haub
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Ida Haub
(Address) 5342 Arlington Ave

15. FILED 11 1929 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 8, 1929.

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1929, to July 8, 1929 that I last saw him alive on July 8, 1929 and that death occurred, on the date stated above, at 7:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Bladder, with metastasis into liver & posterior lymph glands (duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 49 51B 53B 41E (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Path. Section of specimen

(Signed) Grayson Carroll M. D.

, 19 (Address) 1020 Paul Brown Bldg

*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: Friedens Cemetery — DATE OF BURIAL: 7/11 1929

20. UNDERTAKER: Theo. H. Beiderwieden — ADDRESS: St Louis 1936

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.

182

10