

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10433

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. City Hospital #1)

File No. _____
Registered No. 2476
St. _____ Ward _____

2. FULL NAME Frank E. Schaub

(a) Residence, No. 2222 N. E. 11th St. 26 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20, 1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk 105</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wabash R.R.</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo</u>		
MOTHER	13. NAME <u>Joseph Schaub</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo</u>	
	15. MAIDEN NAME <u>Frances Kallertbach</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo</u>		
17. INFORMANT <u>Joseph Schaub</u> (ADDRESS) <u>767 Kingsland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Mar 16 1932</u>		
19. UNDERTAKER <u>Astron & Co</u> (ADDRESS) <u>2227 N. Grand</u>		
20. FILED <u>R 15 1932</u> <u>W. C. Starbuck</u> Registrar.		

20 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1932

22. No PHYSICIAN IN ATTENDANCE
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

98th 10th A
Bronchial Pneumonia
Gangrene of Left foot, Foot
Other contributory causes of importance: Finger

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____.
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No Injury
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) John J. Murray M.D.
Deputy Coroner
3/15/32 (Address) _____

