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

Do not use this space.

25727

File No. .....

Registered No. 853

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

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

City: St. Joseph, (No. 207 So. 14th. St. St. ..... Ward)

2. FULL NAME: John W. Islaub

(a) Residence, No. 207 So. 14th. St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Fannie Islaub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan, 21, 1856

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 28 Yrs.

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): St. Joseph, Mo.

FATHER

13. NAME: Frederick Islaub

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany.

MOTHER

15. MAIDEN NAME: Barbara Werner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany.

17. INFORMANT (ADDRESS): Albert F. Islaub, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Mora Cemetery DATE: Aug. 28, 1933.

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 8-28, 1933 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug, 26, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from about July 15, 1930, to Aug. 26, 1933. I last saw him alive on Aug. 26, 1933. Death is said to have occurred on the date stated above, at 10.30 A.M.

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

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance: Hypertension and arteriosclerosis. Due previous cerebral hemorrhage in July 1930

Name of operation: — Date of: —

What test confirmed diagnosis? ..... Was there an autopsy? No

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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jacob Weiger, M. D.

(Address) Kirkpatrick Bldg. St. Joseph Mo.