JUN 18 1935

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

Do not use this space.

15631

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph, (No. 1010 Main St. St. Ward)

File No.: — Registered No.: 519

2. FULL NAME Mary A. Laubert

(a) Residence, No. 1010 Main St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frederick Laubert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	8	15	

OCCUPATION

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

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

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): West Prussia, Germany

FATHER

13. NAME: Carl Steinke

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Miss Katherine Laubert, 1010 Main St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: May. 9, 1935

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

20. FILED 5-9, 1935 John R Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May. 7, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1934, 19, to May. 7, 1935, 19

I last saw h...er alive on May. 4, 1935, 19. Death is said to have occurred on the date stated above, at 4.10 m. A.M.

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

Acute [illegible] — Date of onset 5-3-35

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Other contributory causes of importance: Chronic interstitial nephritis two years duration

Name of operation: 0 Date of: 0

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury: 0, 19

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury: 0

Nature of injury: 0

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

If so, specify: ✓

(Signed) F A Thompson, M. D.

(Address) 825 Charles St. St Joseph. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.