

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis,

Registration District No. 791
Primary Registration District No. 1003
(No. 4723 Newcomb Ave.)

42669
File No.
Registered No. 11177
St. Ward)

2. FULL NAME Mary Haub.

(a) Residence, No. 4723 Newcomb Ave. St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Haub.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25, 1868.</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>8</u>
		DAYS
		<u>14</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>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home.</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) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri.</u>		
FATHER	13. NAME <u>John J. Meyer.</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>France.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Anna Poe.</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Lillie Gless</u> (ADDRESS) <u>4723 Newcomb Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Vitor Cemetery</u> DATE <u>Nov. 11, 1936</u>		
19. UNDERTAKER <u>Geo. L. Phelan Inc.</u> (ADDRESS) <u>5966 Garden Ave.</u>		
20. FILED <u>NOV 10 1936</u> <u>J. Bredek</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1936, to Nov. 8, 1936
I last saw her alive on Nov 8, 1936 Death is said to have occurred on the date stated above, at U.S.O.
The principal cause of death and related causes of importance were as follows:
Endo-cervicitis about Aug 31
Exophthalmic Goitre about 1929

Other contributory causes of importance:
none Date of no

Name of operation none Date of no
What test confirmed diagnosis? clinical 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 S. T. Benson, M. D.
(Signed) S. T. Benson, M. D.
(Address) # 1441 Marcus av.

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.

WHILE EXAMINING THIS IS A PERMANENT RECORD

No. 50.

1441 *Marcus*
one.

1 to 3 P.M.

Forst 2894.