

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

Do not use this space.

JAN 28 1937

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City..... St. Joseph (No. St. Joseph's Hospital)

File No. 43809
Registered No. 1503
St. _____ Ward _____

2. FULL NAME Joseph Martin Hauber

(a) Residence, No. 730 So. 11th str. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. - mos. - ds. How long in U. S., if of foreign birth? 50 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Hauber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
67 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patt Brothers.
10. Date deceased last worked at this occupation (month and year) Sept. 1936
11. Total time (years) spent in this occupation 20 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

13. NAME Frank Hauber

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

15. MAIDEN NAME Josephine Sing

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

17. INFORMANT Martin J. Hauber Mo. (ADDRESS) 215 1/2 Isadore Str. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE December 9 1936

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Dec 8 1936 A. J. Winters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/7/36 to 12/7/36, 1936
I last saw him alive on 12/6/36, 1936 Death is said to have occurred on the date stated above, at 3:40 A.M.
The principal cause of death and related causes of importance were as follows:

Pylonephritis, Bilateral
Chronic Bilateral
Pylonephritis
Hypertrophic
Prostate
Infection

Name of operation Prostatectomy Date of 10/25/36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, 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? 70
If so, specify _____
(Signed) Paul Greenberg, M. D.
(Address) St. Joseph

WHITE PAPER, 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.

