JAN 24 1938

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

46678
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 789
(b) Township Central — Primary Registration District No. 6033 B — Registered No. 345
(c) City Wellston, Mo. — (d) Street No. 1204 Griefield Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lena Schaub
(a) Residence, No. 1204 Griefield Place St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry J. Schaub
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 12, 1864.
7. AGE: YEARS 73 — MONTHS II — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.: 1-35
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): Missouri 1

FATHER
13. NAME: Phillip Herwig 16
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 16

MOTHER
15. MAIDEN NAME: Mary ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Irwin Schaub, 1204 Griefield Place
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem., DATE Dec. 20/37.
19. FUNERAL DIRECTOR (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.,
20. FILED 12-18, 1937 — S. A. Bachmer, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 17, 1937
22. I HEREBY CERTIFY, That I attended deceased from over 7 Day 12, 1936, to 12/17, 1937
I last saw her alive on 12/17, 1937. Death is said to have occurred on the date stated above, at 1:43 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	

Other contributory causes of importance: 93 C

Name of operation — Date of
What test confirmed diagnosis? usual 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?
If so, specify
(Signed) D. R. Parman, M. D.
(Address) 3903 Olive St.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Jos. W. Clark.

Licensed Embalmer No. I66I.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)