JAN 24 1938

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

46697
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 — Registered No. 368
(c) City ..... (d) Street No. 6430 Derby Ave. 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 Alvina M. Haub.
(a) Residence, No. 6430 Derby Ave. 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: John C. Haub.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 3, 1862.
7. AGE: YEARS 75 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: 5
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): Port Hudson, Missouri. 1

FATHER
13. NAME: Fred Kallmeyer. 16
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 31

MOTHER
15. MAIDEN NAME: Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know.

17. INFORMANT (ADDRESS): Mr Herman Haub, 6430 Derby Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pond, Missouri DATE January 3 1937
19. FUNERAL DIRECTOR (ADDRESS): Geo L Pleitsch Inc, 5966 Easton Ave
20. FILED 12-31- 1937 H A Boehmer, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1937, to 12-30-, 1937
I last saw her alive on 12-30-37, 19..... Death is said to have occurred on the date stated above, at 10.10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Other contributory causes of importance: Colitis	3 mo.

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) T Rhyan M. D.
(Address) 607 N. Grand Bl
St Louis Mo

(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.

Dr. Ayres
Kansas City Mo.
11 st 2

Franklin 4300

STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 3367

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

I. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367.

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.)