

REC'D JUL 12 1938

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

20235

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis, Missouri** (d) Street No. **City Sanitarium** Registered No. **5374**
(e) Length of residence in city or town where death occurred **17** yrs. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harry Taub **100**
(a) Residence, No. **8524 Lowell St** St. **8**
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 22, 1920**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
9. Industry or business in which work was done, as saw mill, bank, etc. **Nil**
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) **St. Louis, Missouri**

FATHER 13. NAME **Lawrence Taub,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Austria**

MOTHER 15. MAIDEN NAME **Marie Dietrich**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Austria**

17. INFORMANT (ADDRESS) **Hubert P. Smith**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 15, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math. Hermann & Son**
2161 East Fair Avenue

20. FILED **JUN 14 1938** **J. D. Bradley** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-11-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-37**, 19, to **6-11-38**, 19.

I last saw him alive on **6-11-38**, 19. Death is said to have occurred on the date stated above, at **6:30 P.M.**

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

Septicemia (Streptococcus)
(onset 5-1-38)

Other contributory causes of importance:

Lung Abscess (secondary to above) 5-10-38

Peritonitis 5-10-38

Name of operation Date of

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

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) **Hubert P. Smith** M. D.

(Address) **5400 Arsenal**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *Ronald Hampton*

Licensed Embalmer No. *12967*

P. O. Address *2161 C. Fair Ave.*

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

If this body is not embalmed, above space should be left blank.