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.

REC'D OCT 12 1938

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. 30538

Township ..... Primary Registration District No. ..... Registered No. 7975

City St. Louis, Mo. (No. 6150 Oakland Avenue Deaconess Hospital Ward)

2. FULL NAME Frances Laub 16

(a) Residence, No. - 6642 Odell St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): - Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1938

7. AGE: YEARS - MONTHS - DAYS - If LESS than 1 day, 11 hrs. or 58 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
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 0

FATHER
13. NAME Frank Nicholas Laub 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 1

MOTHER
15. MAIDEN NAME Mary Lucille Stofko
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bennld Illinois

17. INFORMANT (ADDRESS) Mr. Frank Nicholas Laub (Father)

18. BURIAL, CREMATION, OR REMOVAL Sspeter & Paul Cem DATE Sept. 9 1938

19. UNDERTAKER (ADDRESS) Croghan Und Co. 7146 Manchester Ave

20. FILED SEP - 9 1938 J. B. Budick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1938, to September 8, 1938

I last saw him alive on September 8, 1938. Death is said to have occurred on the date stated above, at 1:30 P.m.

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

Failure of respiratory Center due to Prematurity of baby which was about 6½ mos gestation

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? all tests 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) Henry J. Pingo, M. D.

(Address) 634 N Grand.

Em Mark signed
C.F.