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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2700
Registrar's No. 450

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4006 N. Second Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4006 N. Second Street,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Louis Kaub
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Kaub
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased: July 4, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Manchester Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired shipbuilder
11. Industry or business Builder

MOTHER FATHER { 12. Name Unknown Kaub
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Weckherlin
(b) Address Berkeley, Missouri.

17. (a) Burial (b) Date thereof 1/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery.

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri.

19. (a) JAN 16 1948 J. F. Bredeck
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 12
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Relapsed Rheumatism
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Patrick E. Taylor Date signed 1-16-48
Address 1300 Clark

STATE (1963) FORM

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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

L. M. White

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, Mo*

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, fact should be so stated above.