WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

17863

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hosp St. ..... Ward)

File No. .....

Registered No. 5008.

2. FULL NAME Nathan Rubin

(a) Residence. No. 1814 Wash St., 21 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) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tillie Rubin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	1	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer 186A

(b) General nature of industry, business, or establishment in which employed (or employer) 194D 110A

(c) Name of employer

16 50

9. BIRTHPLACE (CITY OR TOWN) Minsk
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Israel A. Rubin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rosa (unk)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

14. INFORMANT Jacob Rubin S60B
(Address) 1814 Wash

15. FILED MAY 22, 1930 Max C. Starkey REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/21/30 19

17. I HEREBY CERTIFY, That I attended deceased from 5/7, 1930 to 5/21, 1930 that I last saw him alive on 5/21, 1930 and that death occurred, on the date stated above, at 10 22 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema (post injury — fracture of 8-9-10 ribs on rt.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Inanition

fall downstairs

(duration) yrs. mos. 14 ds.

Accident

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/14/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Culture & Mayo

(Signed) [illegible], M. D.

5/21, 1930 (Address) Jewish Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bnai Amoona

DATE OF BURIAL 5/22 1930

20. UNDERTAKER H B Berger 4715 McPherson

ADDRESS