

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

Do not use this space.

20988

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
Township Central Primary Registration District No. 6033
2 City Clayton (No. St. Louis County Hospital)
Registered No. _____ St. _____ Ward _____

2. FULL NAME EDWARD RUBAR

(a) Residence, No. 6404 Lena St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) May 24-1933 11. Total time (years) spent in this occupation. 25 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge
Massachusetts

13. NAME Charles Rubar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge
Massachusetts

15. MAIDEN NAME Lydia Howell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Pa

17. INFORMANT (ADDRESS) Charles F. Rubar
5637 Lee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE June 5-1933

19. UNDERTAKER (ADDRESS) L. B. Tanner
6107 Natural Bridge Rd

20. FILED June 3, 1933 K. W. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to June 1, 1933
I last saw him alive on May 31, 1933 Death is said to have occurred on the date stated above, at, 10:30 am
The principal cause of death and related causes of importance were as follows:

24
Syphilis of the
lung. 34
Other contributory causes of importance: Syphilis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) S. J. Wille M. D.
(Address) St. Louis County Hospital

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.

JUN 23 1933

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General