

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.

City St. Louis Mo. (No. St. Lukes Hosp.)

File No. **22024**

Registered No. **15775**

2. FULL NAME Bernard Rubmann

(a) Residence, No. 2828 N. 21st St., 20 Ward.

(If nonresident, give city or town and State)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Rubmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

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 Mo

MOTHER / FATHER 13. NAME Henry Rubmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anna Rubmann (ADDRESS) 2828 N. 21st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 11, 1934

19. UNDERTAKER H. J. Leidner, M.D. Co (ADDRESS) 1417 N. Market St.

20. FILED 10 10 38 J. J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30 1934, to June 7 1934

I last saw him alive on June 7th 1934 Death is said to have occurred on the date stated above, at 4³⁵ P. M.

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

Chole cystitis - no gall stones - Cause unknown Date of onset 9-34

Other contributory causes of importance: Myocarditis - acute

Name of operation Cholecystectomy Date of June 5, 1934

What test confirmed diagnosis? May 7. Clin. path. copy? 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? no

If so, specify (Signed) Edmund Schmidthke M. D.

(Address) St. Lukes Hosp. St. Louis, Mo

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.

