

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.

NOV 2 1935

791

31302

**1. PLACE OF DEATH**

County.....

Registration District No.....

1003

File No.....

8119

Township.....

Primary Registration District No.....

Registered No.....

City.....

*St. Louis* No. *City* *St. Louis* St. *Ward*

**2. FULL NAME**

(a) Residence, No.....

(Usual place of abode)

*Leg Rubino*  
*719 Wash St.* Ward. *25*

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

*M*

4. COLOR OR RACE

*W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write in the word)

*Single*

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

*Sept 26, 1935*

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

*None*

22. I HEREBY CERTIFY, That I attended deceased from

*9/22*, 19*35* to *9/26*, 19*35*

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

*Feb 26 1897*

I last saw him alive on.....

*9/26*, 19*35*.. Death is said

7. AGE

*38*

MONTHS

*7*

DAYS

*0*

If LESS than 1 day, ..... hrs. pr ..... min.

to have occurred on the date stated above, at.....

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

*Cerebral Hemorrhage - Left hemiplegia*

OCCUPATION

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

*Crane Operator*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*Federal Steel*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

*Left Lobar Pneumonia Hypertension*

108

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

*St. Louis*

FATHER

13. NAME

*Gus Rubino*

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

*Italy*

MOTHER

15. MAIDEN NAME

*Maria Dova*

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

*Italy*

17. INFORMANT (ADDRESS)

*St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE

*Calvary*

DATE *Sept 30*

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

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.

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed).....

(Address).....

*W. L. Garrison, M. D.*  
*City*

19. UNDERTAKER (ADDRESS)

*Berthel Mehan*  
*1138 25th St*

20. FILED

*65 P 27 1535 19*

*J. A. Bredeck*  
Registrar.

