

DEC 3 1936

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
1003

Do not use this space.

43904

## 1. PLACE OF DEATH

 County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis No. 1438 E. Grand St. .... Ward)
File No. ....  
Registered No. 11579
 2. FULL NAME Isaac Rubin  
1438 E. Grand Blvd. 9 Ward.  
 (a) Residence, No. .... (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) widow

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Rubin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
about 74

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

 FATHER 13. NAME Gedaliah Rubin  
 14. BIRTHPLACE (CITY OR TOWN) Poland  
 (STATE OR COUNTRY)

 MOTHER 15. MAIDEN NAME Ethel Mali

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

 17. INFORMANT Ely Rubin  
 (ADDRESS) 1208 Blackstone

 18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth NOV. 23, 1936

 19. UNDERTAKER H. B. Berger  
 (ADDRESS) 4715 Mc Pherson

 20. FILE NOV 23 1936 J. P. Bredeck  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936, to Nov. 23, 1936
I last saw him alive on Nov. 23, 1936 Death is saidto have occurred on the date stated above, at 5 A.M.  
The principal cause of death and related causes of importance were as follows:Chronic Myocarditis

Date of onset

Other contributory causes of importance:

 Name of operation ..... Date of .....  
 What test confirmed diagnosis? clinical 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.

 Manner of injury .....  
 Nature of injury .....

 24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....

 (Signed) Jos. M. Orenstein, M. D.  
 (Address) 5300<sup>e</sup> Easton Ave.

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

100M-3-12-35

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.

