

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Jewish Hosp.) St. _____ Ward _____
Registered No. **18069**
File No. **4645**

2. FULL NAME David Rubenstein
(a) Residence, No. 729 West Gate St. NR Ward. U. City Mo.
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Kotchoro Rubenstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 6 9

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

13. NAME Hyman B. Rubenstein

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

15. MAIDEN NAME Anna Reichman

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

17. INFORMANT NEWSON W. GOULD
(ADDRESS) 5817 CABANNE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 5/6/37

19. UNDERTAKER W.B. Berger & Co. Pa.
(ADDRESS) 4715 McPherson

20. FILED MAY 6 1937 J.F. Brudick Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from For more than 5 years, 1937, to May 5, 1937.
I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Hemophilia
70 5

Other contributory causes of importance:

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

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) Henrietta Kelly, M. D.
(Address) 4500 Olive

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

67- 3/4

