

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County Jackson
Township Franklin
City St. Louis

Registration District No. 399
Primary Registration District No. 1007
(No. Regt. 2 Prec. 1007)

File No. 33372
Registered No. 33372
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Eden Hayes Lane Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>ma</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>X</u>	DAYS <u>X</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>salesman</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-37, 19

22. I HEREBY CERTIFY That I attended deceased from _____, 19, to _____, 19, 19.

I last saw him _____, 19. Death is said to have occurred on the date stated above, at 4:15 P.

The principal cause of death and related causes of importance were as follows:
Sunstroke, Head Date of onset _____

Other contributory causes of importance: 167

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	13. NAME <u>unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>unknown</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>H. Ferguson, Sr. 79 E. Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eden Hayes Lane 9-22-37</u>	
19. UNDERTAKER (ADDRESS) <u>H. Ferguson, Sr. 79 E. Mo.</u>	
20. FILED <u>Sept 21, 1937</u> <u>M. M. Brown</u> Registrar.	

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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 9-20-37

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Sun stroke

Nature of injury Head

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

(Signed) Russell W. Star, M. D.
(Address) St. Louis

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Raw Primary Registration District No. 8007 Registered No. 3817
 (c) City K6 Mo (d) Street No. Robert C Lee Hotel St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leo H. Rubick
 (a) Residence, No. Cedar Rapids Ia St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Wh 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) Feb. 15 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
34 7 5

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

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

10. Date deceased last worked at this occupation (month and year) Feb. 11 1937 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Rapids Ia

13. NAME John F. Rubick

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

15. MAIDEN NAME Katherine Bischoff

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

17. INFORMANT (ADDRESS) Mrs. Louise Rubick 110 E. 805 Cedar Rapids Ia

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Cedar Rapids Ia 9/22 1937

19. FUNERAL DIRECTOR (ADDRESS) German, Sons K6 Mo

20. FILED Sept 21 1937 M. M. Crowe Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-37

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19....., 19.....
 I last saw alive 19..... Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
Gunshot wounds of head. Suicide
 Date of onset

Other contributory causes of importance:

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, suicide Date of injury....., 19.....
 Where did injury occur at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot
 Nature of injury head

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Russell W. Kerr (Signed)....., M. D.
 (Address) K6 Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 FATHER'S AND MOTHER'S occupation should be carefully supplied. AGE should be stated EXACTLY. FATHER'S AND MOTHER'S should state

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