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.

REC'D APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No. 12103
Township St Ferdinand — Primary Registration District No. 113 — Registered No. 602
City Robertson (No. Jewish Sanitorium St. Ward)

2. FULL NAME Rubin Israelite
(a) Residence, No. 1428 Laurel Ave St., Ward. St. Louis, Mo.
(Usual place of abode) (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 Israelite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 5, 1877

7. AGE: YEARS 60 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Buyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: old clothing
10. Date deceased last worked at this occupation (month and year): 5 yrs ago
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: Jacob David Israelite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Latvia

MOTHER
15. MAIDEN NAME: Fanny Riva Horwitz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Latvia

17. INFORMANT (ADDRESS): Joseph Israelite, 1428 Laurel

18. BURIAL, CREMATION, OR REMOVAL
PLACE ChesedShelEmeth DATE Mar. 18, 1938

19. UNDERTAKER (ADDRESS): H.B. Berger, 4715 McPherson

20. FILED 3-17 1938 T. R. Meyer M.D. Sec. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1938, to March 17, 1938
I last saw him alive on March 17, 1938. Death is said to have occurred on the date stated above, at 7 05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	
4	

Other contributory causes of importance: Cerebral metastases

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

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Selig Simon, M. D.
(Address) Jewish Sanatorium, P.O. Robertson, Mo.

STATEMENT OF LICENSED EMBALMER

I, Lawrence J. Diener ..... licensed embalmer# 3988 hereby certify that the body recorded on reverse side was embalmed by me.....

Lawrence J. Diener
License # 13988