

JAN 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

40703
Do not use this space.

1. PLACE OF DEATH

(a) County Central Hospital
 (b) Township Registration District No. 1
 (c) City St. Louis Mo. (d) Street No. 4518 Washington Bl. Registered No. 10400
 (e) Length of residence in city or town where death occurred 64 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 807 Glen Kedger Av. St. KB Clayton Mo.
 (Usual place of abode, if no street address, write county or city) (If non-ident, give city or town and State)

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 Eva Copus Rubelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2nd 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 Day, hrs. or min. 65 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. owner
 9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis mach
 10. Date deceased last worked at this occupation (month and year) total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME George A. Rubelmann

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

MOTHER 15. MAIDEN NAME Sarah H. Kunkel

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

17. INFORMANT (ADDRESS) Miss Opal Weiss 1077 N. 6th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 12/2 38

19. FUNERAL DIRECTOR (ADDRESS) Chas. A. Full 4452 Washington Bl.

20. FILED DEC 9 1938 J. P. Brodeur Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1938 to Nov. 29 1938
 I last saw him alive on Nov. 29 1938 Death is said to have occurred on the date stated above, at 9:15 p.m.

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

Coma Diabetic
acute appendicitis
acute cholecystitis
 (by Dr. J. H. Hayward)
 Name of operation Appendectomy Date of 11/27/38
 What test confirmed diagnosis? yes Was there an autopsy? no

Date of onset 11/29/38
Indefinite

Other contributory causes of importance: acute appendicitis
acute cholecystitis
 (by Dr. J. H. Hayward)

Name of operation Appendectomy Date of 11/27/38
 What test confirmed diagnosis? yes 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) T. J. Camp, M. D.

(Address) 4503 Washington

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.

PERMANENT RECORD

WITH UNFOLDING INSTRUMENT

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____
Signed John Ketter
Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)