

REC'D MAR 13 1939

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

4633  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City..... **St. Louis**  
(e) Length of residence in city or town where death occurred

Registration District No. **791**Primary Registration District No. **1003**(d) Street No. **Jewish Hospital** St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1326**

## 2. PRINT FULL NAME

(a) Residence, No. **7557 Wellington Way**

(Usual place of abode, if no street address, write county or city)

St. **NR****CLAYTON, Mo**  
(If nonresident, 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

**Anna Rubenstein**

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

**not known**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, ..... hrs.

or ..... min.

**about 61**

OCCUPATION

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

**Retired**

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

**Ready to wear**

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)

**Russia****7**

FATHER

13. NAME

**Unknown****7**

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

**Russia****7**

MOTHER

15. MAIDEN NAME

**Unknown**

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

**Russia**

17. INFORMANT (ADDRESS)

**Cal. Siegel  
7557 Wellington Way**

18. BURIAL, CREMATION, OR REMOVAL PLACE

**Chesed Shel Emeth 2-10-39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

**H. Rindskopf  
5216 Delmar**

20. FILED

**FEB 10 1939****J. F. Bredeck  
Local Registrar**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 10 1939**

22. I HEREBY CERTIFY, That I attended deceased from

**Dec 1 1938 to Feb 10 1939**I last saw him alive on **Feb 10 1939**. Death is saidto have occurred on the date stated above, at **2:30 am**.

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

**Carcinomatosis  
Primary seat unknown**

Date of onset

**Dec 1938**

Other contributory causes of importance:

Name of operation **none** Date ofWhat 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

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) **Joseph Magidon** M. D.(Address) **1700 Westgate**

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

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**