

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

16903
4381

Registrar's No. _____

REG. JUN 15 1940
Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
 (c) Name of hospital or institution: Jewish Hosp
 (d) Length of stay: In hospital or institution 2 days
 In this community 73 years (about)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (d) Street No. 5171 Waterman Ave
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hattie C. Rubel
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none
 4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Isaac Rubel 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3/23/1867

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 16 day of May year 1940 hour 9 minute 15 A. M.
 21. I hereby certify that I attended the deceased from 10th May, 1940, to May 16, 1940
 that I last saw her alive on May 16, 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Uremia caused by arterio-sclerosis, kidneys Duration 3 days
 Due to General arterio-sclerosis 5 years

9. Birthplace Peoria Ill (City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 131

11. Industry or business _____
 12. Name Harry Ullman
 13. Birthplace Germany
 14. Maiden name Celia Newman
 15. Birthplace Germany

Major findings:
 Of operations No
 Of autopsy No
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Edwin Blase
 (b) Address 5112 Waterman Ave
 17. (a) burial (b) Date thereof 5-17-1940

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Peoria Ill
 18. (a) Signature of funeral director Mayer
 (b) Address 4356 Lindell Blvd
 19. (a) MAY 16 1940 (b) J. J. Brudick

While at work (Specify type of place) (c) Means of injury _____
 23. Signature Peter J. Kolbe (M. D. or other) _____
 Address 469 N Taylor Date signed 5/16/40

1 X1081

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.

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.....

J. G. Sullivan

Licensed Embalmer No. *1122*

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.