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7-39  
X23159

MAR 25 1941

State File No. ....

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 1502

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 5635 Waterman  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 52 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5635 Waterman (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 53 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1941 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 10, 1941 to Feb 14, 1941 that I last saw him alive on Feb 14/41 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
Due to & Chronic Bronchitis

Other conditions (include pregnancy within 3 months of death)  
Major findings: 107  
Of operations  
Of autopsy 107

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?

23. Signature J. B. Deudeck (M. D. or other)  
Address 3206 Lafayette Date signed Feb 15/41

3. (a) PRINT FULL NAME Moses Rubenstein  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sarah Riva Rubenstein  
6. (c) Age of husband or wife if alive years 1860  
7. Birth date of deceased 18 June (Month) (Day) (Year)

8. AGE: Years AB 80 Months 8 Days If less than one day hr. min.

9. Birthplace Zaslav Volhynia Russia (City, town, or county) (State or foreign country)

10. Usual occupation Scrap Iron & Metal

11. Industry or business Retired

12. Name Nacham Rubenstein

13. Birthplace 6 Russia (City, town, or county) (State or foreign country)

14. Maiden name (unknown)

15. Birthplace 6 Russia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Hacker

(b) Address 4605 Lindell

17. (a) Burial (b) Date thereof 2/16/1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. (a) FEB 15 1941 (Date received local registrar)

(b) J. B. Deudeck (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

1597

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, fact should be so stated above.**