

No. 2
-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29149

FILED SEP 18 1942

State File No.

Registrar's No.

7477

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5018 ST. LOUIS AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County.....
(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 CLARA AVE.
(If rural, give location)
(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY GRACE RUBANO

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife LOUIS RUBANO 6. (c) Age of husband or wife if alive. 56 years
7. Birth date of deceased. JAN 10 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 25 ..hr.min.

9. Birthplace. ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation. AT HOME

11. Industry or business.....

MOTHER FATHER { 12. Name. VINCENT BARRO
13. Birthplace. ITALY
(City, town, or county) (State or foreign country)
14. Maiden name. PORISA MODINONI
15. Birthplace. ITALY
(City, town, or county) (State or foreign country)

16. (a) Informant LOUIS RUBANO
(b) Address 1418 CLARA AVE.

17. (a) BURIAL (b) Date thereof. 9-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. CALVARY CEMETERY

18. (a) Signature of funeral director: Arthur Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 8 1942 (b) J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 5,
year 1942 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from October 1941 to Sept 5 1942
that I last saw her alive on Sept 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer of Ovary Duration 1 yr

Due to.....
Due to.....
Other conditions H9
(Include pregnancy within 3 months of death)

Major findings: Cancer of Ovary with metastasis
Of operations.....
Of autopsy.....

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?

(Specify type of place) (e) Means of injury.....
While at work?.....
23. Signature Judley R. Smith (M. D. or other)
Address 4952 Maryland Date signed 9/6/42

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

Mr Dudley Smith
834 Baltimore Drive

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.