

S. No. 2  
M-5-42  
5-17-39  
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12717

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 28 1943 318

1003

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 3587

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis, Missouri  
(c) Name of hospital or institution:  
455 Walsh Street  
(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..... Missouri (b) County.....  
(c) City or town..... St. Louis,  
455 Walsh Street  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JOSEPHINE A. SCHEELE-RUBANO  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 14th  
year 1943 hour 7 minute 1 A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife..... Joseph Rubano  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased..... June 5th 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10th  
1943 to April 14th 1943  
that I last saw her alive on April 13  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>9</u>	hr. min.

Immediate cause of death Pericardial Haemorrhage  
Hypertension  
Due to.....  
Due to.....

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

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

10. Usual occupation House-work  
11. Industry or business At Home

MOTHER FATHER {  
12. Name..... Isaac Van Pelt  
13. Birthplace..... Unknown Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Unknown  
15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

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?  
While at work?..... (Specify type of place)  
(e) Means of injury.....

16. (a) Informant..... Joseph Rubano  
(b) Address..... 455 Walsh Street  
17. (a) Burial (b) Date thereof April 17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old St. Marcus Cemetery  
18. (a) Signature of funeral director..... Wm. J. Robert  
(b) Address..... 1905 South Grand  
19. (a) APR 16 1943 (b) J. F. Bradest  
(Date received local registrar) (Registrar's signature)

23. Signature..... Wm. J. Robert (M. D. or other)  
Address..... 4724 N. Robert Date signed.....

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

STATEMENT BY LICENSED EMBALMER

**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 William J. Lyons

Licensed Embalmer No. 4319

P. O. Address St. Louis Mo

**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.**