

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED 1946
Registration District No. 118

Primary Registration District No. 1003

Registrar's No. 626

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

3040

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 5-7

(d) Street No. 5585 Etzel
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME. Sarah Rubin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife David Rubin 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 19th year 1946 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11/5, 1946, to 1/19, 1946
that I last saw him alive on 1/19, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

Ab 60 hr. min.

9. Birthplace Bessarabia Rumania
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Immediate cause of death Cerebral Hemorrhage Duration 1 week
cardiac Failure 1 week

Due to Bron. Pneumonia 1 week
arteriosclerosis years
osteoarthritis years

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name Isser Mayer Birenbaum

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

14. Maiden name Jennie Schuchman

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

16. (a) Informant Maury Rubin

(b) Address 605 Clara

17. (a) Burial (b) Date thereof 1/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director —

(b) Address 125 W. 15th St. St. Louis

19. (a) JAN 20 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: 82

Of operations

Of autopsy

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)

While at work? (Specify type of place)

Means of injury

23. Signature Edward Hassel (Physician or other) 0
Address 607 N. Grand Date signed 1/19/46

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.