V. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10612

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2804

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: 6500 Manchester 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 000

(c) City or town St. Louis Ave. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6022 Pershing Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anthony R. Rubano

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Rubano

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Feb. (Month) 14 (Day) 1900 (Year)

8. AGE: Years 48 Months 1 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Used Auto Sales

11. Industry or business

FATHER
12. Name Barbato Rubano
13. Birthplace (City, town, or county) Italy (State or foreign country) 5

MOTHER
14. Maiden name Josephine Unknown
15. Birthplace (City, town, or county) Italy (State or foreign country) 5

16. (a) Informant Mrs. Katherine Rubano
(b) Address 6022 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) MAR 22 1948 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th. year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 3, 1947, to Feb. 26, 1948 that I last saw him alive on Feb. 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease — Duration 6 mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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)

While at work? (e) Means of injury 0

23. Signature Foster A. Dill (M. D. or other) MD

Address 7346 a Manchester Maplewood, Mo. Date signed 3-22-48

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1948

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 Matre

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.