

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20727

State File No. 5354

BIRTH NO. <u>36762-49</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS - MO.</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CRYSTAL CITY</u>		d. STREET ADDRESS (If rural, give location) <u>N.R. - 513 TAYLOR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN - HOSPITAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-49</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SANDRA</u>		b. (Middle) <u>KAY</u>		c. (Last) <u>RUBUCHON</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWER, OR DIVORCED <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>6-5-49</u>		9. AGE (In years last birthday) <u>16</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>	
13a. FATHER'S NAME <u>WLOYD-KENDRICH-RUBUCHON</u>		13b. MOTHER'S MAIDEN NAME <u>KEONA-LAURA-JOHNSTON</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. KEONA RUBUCHON</u> ADDRESS <u>513 TAYLOR CRYSTAL CITY MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity - gestation 27 weeks</u> DUE TO (c) <u>Diarrhea, type undetermined 1 day</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-5</u> , 1949, to <u>6-21</u> , 1949, that I last saw the deceased alive on <u>6-21</u> , 1949, and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Foster</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4534 Taylor Ave.</u>		23c. DATE SIGNED <u>6-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burgert cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Antonia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gentry R. Palitto</u> ADDRESS <u>Crystal City Mo.</u>			

WRITE PLAINLY—USING UNEADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

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.