

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35487**
Registrar's No. **8769**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8769	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 20 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) 1438 E. Grand		d. STREET ADDRESS (If rural, give location) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS St. Louis			
3. NAME OF DECEASED (Type or Print) a. (First) ISRAEL		b. (Middle)		c. (Last) RABUSHKA		4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1867		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) currier		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hyman Rabushka			13b. MOTHER'S MAIDEN NAME Rebecca Unk		14. NAME OF HUSBAND OR WIFE Hilda		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jos. Rabushka		ADDRESS 740 Leland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured right hip; Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffered when deceased fell to the floor in the bathroom at the Jewish Old Falls Home, 1438 E. Grand Ave on Sept 23, 1949 at about 4:15 pm DUE TO (c) 23, 1949 at about 4:15 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident 6900			20. AUTOPSY? NO		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Old Falls Home		21c. (CITY, TOWN, OR TOWNSHIP) : (COUNTY) St. Louis Mo		21d. (STATE) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 23 49 4:15 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ovv			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph R. Ziemba Deputy (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/12/49	
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24b. DATE 10/12/49		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. OCT 12 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	

WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Lewis R. Ludwig

Licensed Embalmer No. 4229

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.