

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 42778  
9787

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 318				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 4462 46 TOWN CLAYTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL				d. STREET ADDRESS (If rural, give location) 6419 ELLENWOOD			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) F. c. (Last) RUBELMANN.			4. DATE OF DEATH (Month) (Day) (Year) NOV 15 1950				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.. 1		8. DATE OF BIRTH May 26, 1869.	
9. AGE (In years last birthday) 81.		10. MONTHS UNDER 1 YEAR		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres., Rubelmann-Lucas				10b. KIND OF BUSINESS OR INDUSTRY Hardware Co.,			
13a. FATHER'S NAME John G. Rubelmann.			13b. MOTHER'S MAIDEN NAME Bertha Umrath.			14. NAME OF HUSBAND OR WIFE Anna W. Rubelmann.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. Ben Knight Jr, 26 Southmoor Dr,			
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, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertrophy of prostate</i> <i>acute retention urinae</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Chronic Myo Carditis</i> <i>Gen Arterio Sclerosis</i> <i>Post-operative Anginal Attack</i> <i>Post-operative Hematuria</i> 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 11-15-50		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>WOK</i>			
22. I hereby certify that I attended the deceased from <i>Oct 29</i> , 1950, to <i>Nov 15</i> , 1950, that I last saw the deceased alive on <i>Oct 29</i> , 1950, and that death occurred at <i>10:30 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Walter Sanford M.D.</i> (Degree or title) 0				23b. ADDRESS <i>3770 Washington St</i>		23c. DATE SIGNED <i>11-16-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <i>11/18/1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>BELLEFONTAINE CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MO</i>		
DATE REC'D BY LOCAL REG. NOV 17 1950		REGISTRAR'S SIGNATURE <i>J. B. Basater</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C.R. Lupton &amp; Sons; 7233 Delmar Blvd</i>		

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

Set 2

DEC 30 1952

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 Embalmer No. ....

Signed Melvin L. Kemper

Signed.....  
Student Embalmer

Licensed Embalmer No. H.P. 52

P. O. Address Holt, 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.