

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3693  
State File No. 0115  
Registrar's No.

FILED JAN 28 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5107a Delmar Blvd.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
d. STREET ADDRESS (If rural, give location) 12 5107a Delmar Blvd.,		4. DATE (Month) (Day) (Year) OF DEATH Jan. 4, 1953	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) C.	
c. (Last) RUBELING.		4. DATE (Month) (Day) (Year) OF DEATH Jan. 4, 1953	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH May 9, 1871
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John P. Rubleing		13b. MOTHER'S MAIDEN NAME Henrietta Able	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 488-30-7417.		17. INFORMANT'S SIGNATURE OR NAME Mrs Emma Coffman	
18. ADDRESS 5107a Delmar Blvd.		19. ADDRESS	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
19a. DATE OF OPERATION		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? 4222		22. I hereby certify that I attended the deceased from 12-29, 1952 to Jan 4, 1953, that I last saw the deceased alive on Jan 4, 1953, and that death occurred at 4:45 A.M. from the causes and on the date stated above.	
23a. SIGNATURE A.F. Berrier MD (Degree or title)		23b. ADDRESS 1259 N. Kingshighway	
23c. DATE SIGNED 1-5-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 7, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cem.,	
24d. LOCATION (City, town, or county) St. Louis Co. Mo.		24e. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. JAN 6 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,	

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

Dr. A.F. Lerner,  
1259 N. Kingshighway  
FO. 5340 /-3 P.M.

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

*Alfred J. Boedeker*

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

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.