

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6465**

318

PRIMARY REG. DIST. NO. **1003** Registrar's No. **0563**

| | | | | | | | |
|---|--|-----------------------------------|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 0563 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Olivette | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 4380 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | | STREET ADDRESS (if rural, give location) 12 Pricemont Drive | | | |

| | | | | | |
|--|-------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) BENJAMIN | b. (Middle) G. | c. (Last) RUBIN | January 18, 1955 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Oct. 20 1890 | | 9. AGE (If years) 65 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfg. Agent | | 10b. KIND OF BUSINESS OR INDUSTRY Shoe | 11. BIRTHPLACE (City and State or Foreign Country) Hungary | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Solomon Rubin | | 13b. MOTHER'S MAIDEN NAME Fannie Gottlieb | | 14. NAME OF HUSBAND OR WIFE Irene S. Rubin | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 494 07 9625 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B. G. Rubin-12 Pricemont Drive | |

| | | | | | | |
|--|--|--|--|---|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia | | ANTECEDENT CAUSES | | | | |
| *This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | |
| | | DUE TO (c) _____ | | | | |
| 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) | | |
| 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? 2041 | | |

22. I hereby certify that I attended the deceased from **1-11**, 19**55**, to **1-18**, 19**55**, that I last saw the deceased alive on **1-18**, 19**55**, and that death occurred at **8:27 P.m.**, from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) John W. Davidson M.D. | | 23b. ADDRESS BARNES HOSPITAL | | 23c. DATE SIGNED 1/19/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1/20/55 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf., 5216 Delmar Blvd. | | | |

DATE REC'D BY LOCAL REG. **JAN 20 1955** REGISTRAR'S SIGNATURE **J. Carl Smith MD**

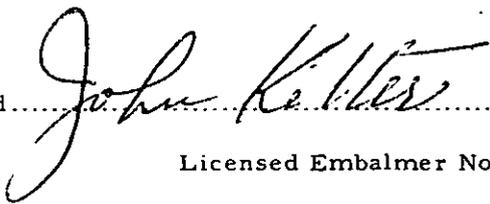
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Case by Dr. Davidson

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 388

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.