

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11348****318**PRIMARY REG. DIST. NO. **1003** Registrar's No. **3363**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3363	
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 47 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1208 Blackstone				e. STREET ADDRESS (If rural, give location) 1208 Blackstone			
3. NAME OF DECEASED a. (First) ELY			b. (Middle) _____		c. (Last) RUBIN		4. DATE OF DEATH (Month) (Day) (Year) Apr. 3, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.		8. DATE OF BIRTH Oct. 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 MOS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY Garm. Manf.		11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Rubin			13b. MOTHER'S MAIDEN NAME Anna (unk)		14. NAME OF HUSBAND OR WIFE Esther		
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. 497003-2758		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther Rubin 1208 Blackstone			
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, athermia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DIS. INTERVAL BETWEEN ONSET AND DEATH MORE THAN 5 YEARS. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. METASTATIC CARCINOMA, URINARY BLADDER MORE THAN 2 YEARS.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.0H				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? _____			
22. I hereby certify that I attended the deceased from 7/16, 1955 , to 4/3, 1956 , that I last saw the deceased alive on 3/31, 1956 , and that death occurred at 2:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) David Feldman, M.D.				23b. ADDRESS 539 N. GRAND		23c. DATE SIGNED 4/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 4/5/56	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. APR 4 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.