

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 5 1956

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1997

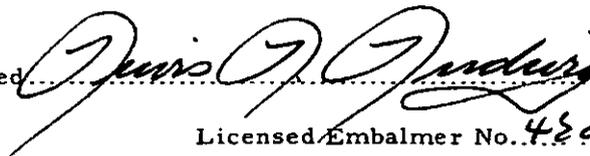
health, Welfare Public Service  
 100 156  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dist 1</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Salem</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys</u>			Length of stay in lb <u>3 wks.</u>		d. STREET ADDRESS (If outside, give location) <u>400 McArthur</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Otto</u> Middle <u>A</u> Last <u>Rubinstein</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>22</u> Year <u>1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Whitem</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 7, 1893</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Samuel Rubinstein</u>				14. MOTHER'S MAIDEN NAME <u>Rose Sundalowitz</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT Address <u>Saul Rubinstein Salem, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Granuloc sclerosis with Terminal uraemia.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arteriosclerosis, severe</u> DUE TO (c) <u>Diabetes Mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n).							INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>uncertain</u> <u>uncertain</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>8/6/56</u> to <u>8/22/56</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>8/22/56</u> Death occurred at <u>1:10 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Thomas W. Parker M.D.</u>				22b. ADDRESS <u>4660 Maryland St. Louis, Mo.</u>		22c. DATE SIGNED <u>8/23/56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>		23b. DATE <u>8/24, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedosh Hagodol</u>		23d. LOCATION (City, town, or county) (State) <u>Ladue, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Berger Memorial 4715 Northerson</u>			25. DATE RECD. BY LOCAL REG. <u>8-23-56</u>		26. REGISTRAR'S SIGNATURE <u>Hebert K. Smith, Jr.</u>				

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. 486

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.