

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46279

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **11719**

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 8035 Milan Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle RUBIN Last RUBIN			4. DATE OF DEATH Month Dec. Day 6th , Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 6th, 1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		9b. AGE (In years last birthday) 71	9c. IF UNDER 1 YEAR Months 71 Days 71 Hours 71 Min. 71
10a. USUAL OCCUPATION (Glue kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) London England
13. FATHER'S NAME Phillip Rubin		14. MOTHER'S MAIDEN NAME Leah Markowitz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Mrs. Fannie Rubin 8035 Milan Ave. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 331x			INTERVAL BETWEEN ONSET AND DEATH 1 week 10 days
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 3:45 Month Jan , Day 1957 a. m. AM p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 6157	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Dec. 6, 1957 COUNTY STATE	
21. I attended the deceased from Jan 1926 to Dec. 6, 1957 and last saw ^{her} alive on 12/15/57 Death occurred at 2:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Alfred Goldman (Degree or title) Alfred Goldman M.D.		22b. ADDRESS 634 N. Grand 634 N. Grand	22c. DATE SIGNED 12/6/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/8/57	23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR Herman Rindskopf Inc. 5216 Delmar ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 6 57	26. REGISTRAR'S SIGNATURE Carl Smith mjs

(Licensed Embalmer's Statement on Reverse Side)

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 Peter B. Dubrouille

Licensed Embalmer No. 36

P. O. Address St. Louis

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.