

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027138

FILED VS AUG 17 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6917** STATE FILE NUMBER

DED

87/19/59
8/19/59
7/22/1944
76
DOCUMENT Bd. of Elect. Comm.
BY AFFIDAVIT OF Informant
MEDICAL CERTIFICATION
71
8
9

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis				Length of stay in 1b		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7708 Stanford Avenue	
3. NAME OF DECEASED (Type or print) HATTIE E. RUBIN				Last Middle First		4. DATE OF DEATH Month July Day 25 Year 1959	
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 30 1897	
9. AGE (last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) England	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Max Levinson				13b. MOTHER'S MAIDEN NAME Fannie Friedman		14. NAME OF HUSBAND OR WIFE Louis Rubin	
16. 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. Unk.		17. INFORMANT Address Mrs. George Beckman-7708 Stanford	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Disease DUE TO (c) 420.0						INTERVAL BETWEEN ONSET AND DEATH 1 hour 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____		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 April, 1959 to July 25, 1959 and last saw him alive on July 24, 1959 Death occurred at 8:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Alven S. Wember				22b. ADDRESS 950 Francis Pl.		22c. DATE SIGNED 7/25/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/27/59		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar				25. DATE RECD. BY LOCAL REG. JUL 27 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

m. g. B

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John K. [Signature]

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.