URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 1 1960

-60-024921

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6284

NDED

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, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in lb 70 Years

c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Luke's Hospital — Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location) 6224 McPherson Ave — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Isabelle Middle Ross Last Rubicam

4. DATE OF DEATH Month June Day 20, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH 12/3/1867

9. AGE (last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Keokuk, Iowa

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Presley Ross

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Charles E.Rubicam,Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr Dan Rubicam Address 6224 McPherson Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c) 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

aneurysm abdominal aorta + internal carotid

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Feb 26, 1957, to death and last saw her/him alive on 6/19/60

Death occurred at 6:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Carrie (Degree or title) M.D.

22b. ADDRESS 3720 Washington

22c. DATE SIGNED 6/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6/22/60

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State) Kirkwood, Mo

24. FUNERAL DIRECTOR Alexander & Sons ADDRESS 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG. JUN 20 1960

26. REGISTRAR'S SIGNATURE Carl Smith. M.D. MJC

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

Dr.Robert Paine

3720 Washington Ave

Ue.1-8990

1:30 to 5 P.M.

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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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