URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS/AUG 8 1960

ENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2239

-60-029259
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN:
Length of stay in 1b: 33 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1817 Kilrea Dr
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN:
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1817 Kilrea
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: Last: RUBE
4. DATE OF DEATH: Month: July Day: 26 Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/4/1880
9. AGE (last birthday): 79 years
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): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Food
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Rube
13b. MOTHER'S MAIDEN NAME: Anna Brassel
14. NAME OF HUSBAND OR WIFE: Bertha Rube
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Bertha Rube
Address: 1817 Kilrea Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Posterior Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malignant Hypertension
DUE TO (c) Atherosclerosis
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 3/11/58, to 7/26/60 and last saw her/him alive on 7/22/60
Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A W Wilson DO
22b. ADDRESS: 2359 Chambers Rd
22c. DATE SIGNED: 7/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: July 29, 1960
23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: BUCHHOLZ MORT.
ADDRESS: 5967 W. Florissant Ave.
25. DATE RECD. BY LOCAL REG.: 7-26-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Robert M. Murra

Licensed Embalmer No. 3749

P. O. Address St Louis

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.