MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29127

Township ..... Primary Registration District No. 1903 Registered No. 8635

City St. Louis (No. City Hospital St. ..... Ward)

7508

2. FULL NAME Tony Rubich

(a) Residence. No. 2718 Rutgers St. 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 1884

7. AGE: Years 44 Months 2 Days 12 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

PARENTS

10. NAME OF FATHER: Tony Rubich Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slovakia
12. MAIDEN NAME OF MOTHER: Mary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slovakia

14. INFORMANT: Hospital Information
(Address) City Hospital

15. FILED AUG 26 1928 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928, to Aug 25, 1928 that I last saw him alive on Aug 25, 1928 and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
Abscess of Lung
23A
31
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ?
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Xray - clinical

(Signed) Edward Helbing, M. D
8/25, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peter & Paul
DATE OF BURIAL: Aug 27 1928

20. UNDERTAKER: E J Schnur
ADDRESS: 3125 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Patrick