NOV 4 1936

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

Do not use this space.

39520

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

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

File No.....

Registered No. 10561

2. FULL NAME Blanche Rubin

(a) Residence, No. 750 Kingsland St., NR Ward. University City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kiev Russia

FATHER

13. NAME Mebdel Majabofsky

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER

15. MAIDEN NAME Sarah Greenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Ben Rubin 750 Kingsland

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 10/22/36, 19

19. UNDERTAKER (ADDRESS) J. B. Berger 4715 Mc Pherson

20. FILED OCT 21 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936, to Oct 20, 1936

I last saw him alive on Oct 20, 1936 Death is said to have occurred on the date stated above, at 11 30 a/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/10/36
Diabetes mellitus	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Albert E. Tousey, M. D.

(Address) 4500 Olive