

DEC 3 1936

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

Do not use this space.

43001

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

No. Barnes Hospital

File No.....

Registered No. 11576

St.....

Ward.....

2. FULL NAME Alois Rubenbauer

(a) Residence, No. 6732 Hoffman St. 3 Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Malleable Iron Co.
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) Germany

MOTHER FATHER 13. NAME Unknown Rubenbauer

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Fred E. Gasser (ADDRESS) 6732 Hoffman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory 11-24-36

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED NOV 23 1936 19 St. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21-36

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1936 to Nov. 21, 1936

I last saw him alive on Nov. 21, 1936. Death is said to have occurred on the date stated above, at 6:30 m.

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

Cardiac failure
arteriosclerosis heart disease
pulmonary edema
1936
Other contributory causes of importance:
Peritonitis, localized
Perforation of sigmoid colon
Arteriosclerosis, general
11-21-36
unknown
11-21-36
11-19-36
unknown

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

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

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) Keith S. W. Sloan, M. D.

(Address) Barnes Hospital

