

SEP 12 1938

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

26970  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Lutheran Hospital** Registered No. **6984**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Lee Rashbam**  
(a) Residence, No. **6633 University Dr.** St. **Mo.** **U. City, Mo.**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX  Female  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Max J. Rashbam**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 11-1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**55** **X 0** **24**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER  
13. NAME **Dr. Daniel Jacob**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

MOTHER  
15. MAIDEN NAME **Jennie Jacobs**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mrs. Audrey Kessler** (ADDRESS) **6633 University Dr.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Sinai Cem.** DATE **Aug. 7** 19**38**

19. FUNERAL DIRECTOR **Herman Rindolf** (ADDRESS) **5216 Delmar Blvd.**

20. FILED **AUG 7 1938** **J. P. Budek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 5** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **July 25** 19**38** to **Aug 5** 19**38**  
I last saw h. **ev** alive on **Aug 5** 19**38**. Death is said to have occurred on the date stated above, at **5:45** P. M.

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

**Cerebral hemorrhage**  
**Chr. Hypertension**  
Date of onset **7/25/38**

Other contributory causes of importance: **1936**

Name of operation..... Date of.....  
What test confirmed diagnosis **Cerebral** Was there an autopsy? **no**

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?.....  
If so, specify.....  
(Signed) **U. M. Drank** M. D.  
(Address) **3651 Grandel ay**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
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.

STATEMENT BY LICENSED EMBALMER

I, Herman Rindskopf, Licensed Embalmer No. 2207

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman Rindskopf

• Licensed Embalmer No. 2207

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**