DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41173

Registration District No. 791 | Primary Registration District No. | Registrar's No. 10296

1. PLACE OF DEATH: 1003 /

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: /

(a) State Missouri (b) County
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6152a Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55yrs years.

3. (a) PRINT FULL NAME Joseph Rutstein 323
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years About 79 | Months | Days | If less than one day hr. min.
9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation Shoeworker ?
11. Industry or business
MOTHER FATHER
12. Name Unknown ?
13. Birthplace (City, town, or county) Russia (State or foreign country) ?
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant's own signature Mrs. Sarah Rutstein
(b) Address 6152a Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3-39 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar Blvd.
19. (a) DEC 1 1939 (Date received local registrar) (b) J. E. Bayleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1939 hour 1:15 minute 15 A.M.
21. I hereby certify that I attended the deceased from June, 19 39, to Dec 1, 19 39; that I last saw him alive on Nov 30, 19 39 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
(1) Prostatic obstruction Non malignant
(1) Bronchopneumonia

Due to
Due to 137
Other conditions Pyelonephritis Non Calculous
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Goldman (M. D. or other) GOLDMAN
Address 674 N. 2nd Date signed Dec 1/39

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Charles Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delma

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

If this body is not embalmed, above space should be left blank.