

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20485**

Registrar's No. **5433**

Registration District No. **791**

Primary Registration District No. **1903**

1. PLACE OF DEATH:

(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 1 week
(Specify whether
In this community 44 yrs.
years, months or days)

3. (a) PRINT FULL NAME Harry H. Rubin **150**

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Janet Rubin 6. (c) Age of husband or wife if alive 40 yrs years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 55 hr. min.

9. Birthplace London England
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant (own business)

11. Industry or business Ladies Ready to wear **7**

12. Name Phillip Rubin **7**

13. Birthplace Russia **7**
(City, town, or county) (State or foreign country)

14. Maiden name Leah

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Rubin

(b) Address 740 Westgate

17. (a) Burial (b) Date thereof 6-25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rudolph

(b) Address 5216 Delmar Blvd.

19. (a) JUN 24 1940 (b) J. F. Brederick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Christopher **N.R.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 44 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1940 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan
1938, 19 , to 6/23, 1940

that I last saw him alive on 6/27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cowary Phumbric acnts.

Due to cowary phumbric acnts.

Due to _____
Other conditions (Include pregnancy within 3 months of death) PH

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur J. ... (M. D. or other) **1**
Address 634 N. ... Date signed 6/23/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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.)

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