

Registration District No. **791**

Primary Registration District No. **1003**

6943

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: **953 Beach**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 years** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **953 Beach**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **18 yrs.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **15**
year **1940** hour **7** minute **50** p.m.

21. I hereby certify that I attended the deceased from **Aug. 15, 1940**, to **Aug. 15, 1940**, that I last saw him alive on **Aug. 15, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis
Due to **Cholesterolitis & Hypertension**

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature **Jerome J. Hinson** (M. D. or other) _____
Address **508 N. Grand** Date signed **8/16/40**

3. (a) PRINT FULL NAME **Henry Rubin** **150**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **celia Rubin** 6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased **ab 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab 76 hr. min.

9. Birthplace **Latvia** **7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Book Dealer**

11. Industry or business **Retired**

12. Name **Hyman Nisan**

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

14. Maiden name _____
15. Birthplace **Latvia** **7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. H. Minkin**
(b) Address **6028 Cates**

17. (a) **burial** (b) Date thereof **8/16/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Beth Ham Hag.**

18. (a) Signature of funeral director **H. B. Berger**
(b) Address **4715 Ma. Peterson**

19. (a) **AUG 16 1940** (b) **J. Brebeck**
(Date received local registrar) (Registrar's signature)

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

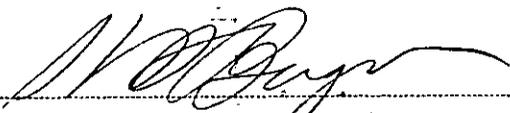
MOTHER FATHER

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.....



Licensed Embalmer No.....

P. O. Address.....

1597

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.