No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19067

Registration District No. 104 — Primary Registration District No. 101 — Registrar's No. 1164

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland ~~Mo~~ 96 (If outside city or town limits, write "RURAL")

(d) Street No. 9432 Tudor Ave. 13 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Haydn Rubelmann

3. (b) If veteran, name war None

3. (c) Social Security No. 489-07-8397

4. Sex M D

5. Color or race W

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife Drucilla Rubelmann

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Mar. (Month) 16 (Day) 1893 (Year)

8. AGE: Years 49 | Months 2 | Days 10 | If less than one day — hr. — min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Rice Stix

FATHER
12. Name Haydn Rubelmann
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Minnie Walsh
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Drucilla Rubelmann

(b) Address 9432 Tudor Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 28 (Day) 1942 (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Baumann Bros. Inc.

(b) Address 2504 Woodson Rd. Overland Mo.

19. (a) 5-28-42 (Date received local registrar) (b) C. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1942 hour 4:50 minute A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while a pedestrian on a public highway.

Due to Fracture of the left temporal bone (Petrous portion); Fracture

Due to of the occipital bone and of the left tibia; laceration of the

Other conditions brain; Subdural and subarachnoid hemorrhage. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

17 Oct 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 096

(b) Date of occurrence May 25, 1942

(c) Where did injury occur? Woodson & Delphine Aves. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Bopp Coroner (M. D. or other)

Address Kirkwood, Mo. 5/27/42 Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland M

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, fact should be so stated above.