

S. No. 2
OM-5-42
ev. 5-17-39
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35308

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 16 1942

318

Primary Registration District No. 1003

Registrar's No. 9359

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:
Home for the Aged 3400 So. Grand,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 Year,
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri, (b) County..... 000
17

(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL") 9/16

(d) Street No. 3400 So. Grand Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Alex DeRubies,

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1942 hour 5: minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 8
6 to Nov 8 1942, to Nov 7 1942
that I last saw him alive on Nov 7 1942
and that death occurred on the date and hour stated above.

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife..... Carolina DeRubies, 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... May 4, 1877,
(Month) (Day) (Year)

Immediate cause of death..... Ch. Intercerebral hemorrhages

Due to.....

Due to..... Arterio-sclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>4</u>	hr. min.

Other conditions..... 1/21

(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 1/21

Of autopsy..... 1/21

9. Birthplace..... Italy, 5
(City, town, or county) (State or foreign country)

10. Usual occupation..... Clerk,

11. Industry or business.....

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?.....

MOTHER FATHER

12. Name Loretto DeRubies,

13. Birthplace..... Italy, 5
(City, town, or county) (State or foreign country)

14. Maiden name..... Josephina DeDominico,

15. Birthplace..... Italy, 5
(City, town, or county) (State or foreign country)

23. Signature..... J. J. Budek (M. D. or other) 11/17/42
Address..... 184 Date signed.....

While at work?..... 0 (Specify type of place) (c) Means of injury

16. (a) Informant..... Sister Ste Ludivine,
(b) Address..... 3400 So. Grand,

17. (a) Burial (b) Date thereof..... 11/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Calway Co. SS. Peter & Paul Cem.

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... Belden - Ramsey
(b) Address..... 2842 Meramec St.

19. (a) NOV 9 1942 (Date received) J. J. Budek (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

HF

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.

P. O. Address St. Louis, Mo.

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.