

FILED MAR 6 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1918

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1354a Montclair
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1354a Montclair (If rural, give location) 96
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Simon Rubin

3. (b) If veteran, name war No 3. (c) Social Security No. 494-05-0567

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

6. (b) Name of husband or wife Sarah Rubin 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 15 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Operator

11. Industry or business Leather goods

12. Name Hyman Abraham Rubin

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

14. Maiden name Odel Waxer

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

16. (a) Informant Sarah Rubin

(b) Address 1354 a Montclair

17. (a) burial (b) Date thereof 2/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4735 McPherson

19. (a) FEB 27 1944 (b) J.F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to February 25 1944
that I last saw him alive on February 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Retroperitoneal liposarcoma Duration 1 1/2 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations Same as above

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) (e) Means of injury 0

23. Signature Carl J. Kleifetz (M. D. or other MD.)

Address 462 N. Taylor Date signed 2/26/44

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

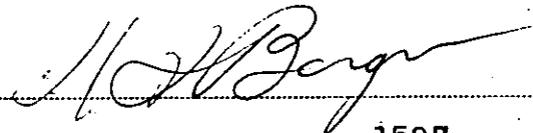
MOTHER FATHER

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. 1597

P. O. Address.....

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.