

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 16 1946  
Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 6076

10798  
State File No. \_\_\_\_\_  
Registrar's No. 590

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 3/1/46  
In this community 57 Years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME RABIN, Joseph  
3. (b) If veteran, name war World I  
3. (c) Social Security No. 48714779

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Betty Rabin  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased September 13 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 5 21 hr. min.

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

10. Usual occupation Clerk

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {  
12. Name Moses Rabin  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Freida Simon  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Clin. Clerk Vet. Adm. Hospital  
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof March 9, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U&L Co.  
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 3-9-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County [unclear]  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3911 Castleman Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 6  
year 1946 hour 12:45 minute A M.  
21. I hereby certify that I attended the deceased from 3/1/46  
19. to 3/6/46  
that I last saw h. im alive on March 6 19. 46  
and that death occurred on the date and hour stated above.

Immediate cause of death SKULL FRACTURE BASAL  
Duration 3 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions DIABETES MELLITUS;  
CORONARY ARTEROSCLEROTIC HEART DISEASE  
(Includes pregnancy within 3 months of death)

Major findings: No Operation  
Of operations \_\_\_\_\_  
Of autopsy No Autopsy

22. If death was due to external causes, fill in the following: (See Reverse)  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence March 2, 1946  
(c) Where did injury occur Vet. Adm. Hosp. Jeff. Brks., Mo.  
Coroner's Inquest (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work [Signature] (Specify type of place)  
injury \_\_\_\_\_  
23. Signature L. E. Stilwell, M.D. (M. D. or other) 3/8/46  
Address Jefferson Barracks, Mo. Date signed \_\_\_\_\_

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

9750

As events were analyzed it was fairly evident that patient jumped out bathroom window which was still widely opened without any screen or obstruction and hit in his fall the headlight, license plate and front bumper of an ambulance owned by E. W. Lanent Funeral Home. ( A distance of three stories)

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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

*Harry J. Schumacher*

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.