

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31306

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8587

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital - Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **8 Wks.**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME..... **RUBY NEUBAUER**  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

4. Sex..... **Female** / 5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Divorced**  
6. (b) Name of husband or wife..... **Fred**  
6. (c) Age of husband or wife if alive..... **61** years  
7. Birth date of deceased..... **August 13th, 1887**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 1 17** hr. min.

9. Birthplace..... **New York**  
(City, town, or county) (State or foreign country)  
10. Usual occupation..... **Housework**

MOTHER FATHER  
11. Industry or business.....  
12. Name..... **Harry Barnes**  
13. Birthplace..... **England**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Mary Briggs**  
15. Birthplace..... **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Louise Coello**  
(b) Address..... **1616 Helen Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **10-4-1948**  
(Month) (Day) (Year)  
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **H. Leidner Und. Co.**  
(b) Address..... **2223 St. Louis Ave.**

19. (a) **OCT 2 1948** (Date received local registrar) (b) **J. F. Brueck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **St. Louis**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **916a Montgomery Street**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Sept.** day..... **30th**  
year..... **1948** hour..... **8** minute..... **50 P** M.  
21. I hereby certify that I attended the deceased from..... **8/7/48**  
19..... to..... **Sept. 30th** 19..... **48**  
that I last saw h..... **er**..... alive on..... **Sept. 30th** 19..... **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Thyroid crisis**  
**heart disease**  
Duration.....

Due to..... **63**  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... **Same**  
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.....

23. Signature..... **E. W. Gebhardt** (M. D. or other) (Date signed) **9/30/48**  
Address..... **1515 LAFAYETTE**

**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..... *John P. Burdick*  
Licensed Embalmer No..... ~~22~~ 16  
P. O. Address..... 2223 *8th Street NW*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**