

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32136**  
**8276**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>5614 Waterman Ave. /</b>				d. STREET ADDRESS (If rural, give location) <b>5614 Waterman Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>BARNETT</b> b. (Middle) c. (Last) <b>RUBINSTEIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 23, 1949</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Abt. 75</b>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager-New Era Shirt Co.</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>Nathan Rubinstein</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Tobias</b>			14. NAME OF HUSBAND OR WIFE <b>Gussie Rubinstein</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. B. Rubinstein-5614 Waterman</b>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia Related</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Right hemiplegia</b> DUE TO (c) <b>Generalized arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b> <b>7 days</b> <b>Many years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Missouri</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H570</b>					
22. I hereby certify that I attended the deceased from <b>Aug 2, 1949</b> to <b>Sept 23, 1949</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Spynh Majidson M.D.</b>				23b. ADDRESS <b>5200 Westgate</b>		23c. DATE SIGNED <b>9-28-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/26/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>SEP 26 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Forster</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Human Burial &amp; Crematory Inc. 5216 Delmar</b>				

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John Ketter*

Licensed Embalmer No. 3880

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.