

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28679**
Registrar's No. **2702**

FILED SEP 13 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2702	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits; write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN St Louis		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2570^c Palm St				d. STREET ADDRESS (If rural, give location) 2570a Palm St			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) M		c. (Last) Rubbelke		4. DATE OF DEATH (Month) (Day) (Year) Aug 29 51	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan 10 1871	
9. AGE (In years last birthday) 80		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) _____		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Florissant Mo		12. CITIZEN OF WHAT COUNTRY? USA,	
13a. FATHER'S NAME Hy. Albers		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Bernard Rubbelke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Rubbelke 8635 Oriole Ave			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 4 yrs +	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Mar, 1942 to Aug 20, 1951 , that I last saw the deceased alive on Aug 20, 1951 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Paul J. Lawrence				23b. ADDRESS 321X 4th W. W. Mo.		23c. DATE SIGNED 9/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 1 1951		24c. NAME OF CEMETERY OR CREMATORY Sacret Heart Cemetery		24d. LOCATION (City, town, or county) (State) Florissant Missouri	
DATE REC'D BY LOCAL REG. AUG 30 1951		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stroot - Carroll 4600 Nat Bridge Ave			

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

11-1-77
11-1-77
11-1-77

*Per
John*

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.....

Signed *Albert Mayfield*

Signed.....
Student Embalmer

Licensed Embalmer No *03077*

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.