

Health,  
Welfare  
Public  
Service

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004731  
STATE FILE NUMBER

189

Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) / <u>Missouri Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau Mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		Length of stay in lb <u>46yrs</u>	d. STREET ADDRESS (If outside, give location) / <u>808 So Sprigg St</u>
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>Philip</u> Last <u>Rubel</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>8.</u> Year <u>1958.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May, 11, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Cobler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int Shoe Factory</u>	11. BIRTHPLACE (City and state or country) <u>Egypt Mills Mo</u>
13a. FATHER'S NAME <u>Jacob Rubel</u>		13b. MOTHER'S MAIDEN NAME <u>Lousa Deere</u>	14. NAME OF HUSBAND OR WIFE <u>Agnes Rubel</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>Agnes Rubel Cape Girardeau Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adams-Stokes Syndrome</u> DUE TO (b) <u>1 - Complete heart block</u> DUE TO (c) <u>2 - Congestive Heart Failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4330</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>November 18th, 1957</u> to <u>Feb. 8th, 1958</u>		Last saw him alive on <u>Feb. 8th, 1958</u>	
Death occurred at <u>7:20 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arthur M. Ester M.D.</u>		22b. ADDRESS <u>Cape Gir. Mo. 714. Broadway</u>	22c. DATE SIGNED <u>2-10-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 11, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cent</u>	23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>
24. FUNERAL DIRECTOR <u>Haman's Funeral Home</u> <u>Cape Girardeau Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 17, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Homer C. Cooper</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *J. P. Norman* .....

Licensed Embalmer No. 2863 .....

P. O. Address Cape Girardeau .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting:
- If this body is not embalmed, fact should be so stated above.