

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008651

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **2250** STATE FILE NUMBER

**FILED MAR 7 1962**

1. PLACE OF DEATH  
 a. COUNTY Missouri b. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 day  
 c. CITY OR TOWN University City Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 961 Swarthmore Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last MORRIS RUBIN RUBINOWITZ 4. DATE OF DEATH Month Day Year February 23, 1962  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-8-1882 9. AGE (last birthday) 79 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Wholesale, Dry Goods 11. BIRTHPLACE (City and state or country) Russia 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME Chaim Rubinowitz 13b. MOTHER'S MAIDEN NAME Clara Brooks 14. NAME OF HUSBAND OR WIFE Clara  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 17. INFORMANT Clara Rubinowitz Address 961 Swarthmore

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary thrombosis, acute  
 DUE TO (b) Hypertensive cerebrovascular disease  
 DUE TO (c) 420.1  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown  
 INTERVAL BETWEEN ONSET AND DEATH 12 hours 1 year.

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 1927 to 2/23/62 and last saw him alive on 2/23/62  
 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE (Degree or title) Alfred Waldman M.D. 22b. ADDRESS 634 1/2 Grand 22c. DATE SIGNED 6/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2/25/1962 23c. NAME OF CEMETERY OR CREMATORY B'nai Amoona 23d. LOCATION (City, town, or county) (State) University City, Missouri  
 24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4725 McPherson Avenue 25. DATE RECD. BY LOCAL REG. FEB 28 1962 REGISTRAR'S SIGNATURE Earl Smith, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Samuel J. Deiner*  
\_\_\_\_\_

Licensed Embalmer No. 3988

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