

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis Mo. (No. City, County) St. Ward)

File No. **22185**
 Registered No. **5303**

2. FULL NAME

Jacob Dubin
 (a) Residence No. 3036 Thomas St. 21 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Dubin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About - 58

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME Not Ascertainable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) # #

15. MAIDEN NAME Estelle M. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon

17. INFORMANT Harvey M. King (ADDRESS) City Harp

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel St. Louis 6-27-34

19. UNDERTAKER Hirtz (ADDRESS) 1515 E. Franklin

20. FILED 27 1934 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/19, 1934, to 6/26, 1934

I last saw him alive on 6/26, 1934. Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 6-23-34

1911

Other contributory causes of importance: Heart Stroke 6-19-24

Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Arthur A. Hines, M. D.
 (Signed) Arthur A. Hines (Address) 1515 Franklin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

