

5 - 1938

DEC 8 1938

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

40410
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis 2 Registration District No. 784
 (b) Township 1 Primary Registration District No. 200
 (c) City Wellston Mo (d) Street No. 1629 Glenhurst Registered No. 1987 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U.S., if of foreign birth? 46 yrs. mos. ds.

2. PRINT FULL NAME Jacob Lubin
 (a) Residence, No. 1629 Glenhurst St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF late Rose Lubin (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS abt. 65 MONTHS DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Aug. 1938 11. Total time (years) spent in this occupation 45 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
 FATHER 13. NAME Aaron Moska Lubin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
 MOTHER 15. MAIDEN NAME Roska
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
 17. INFORMANT (ADDRESS) May Lubin 1629 Glenhurst
 18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Hammooroch DATE Dec. 5 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chenhandler 44 69 W. Ashby Ave
 20. FILED DEC 5 - 1938 W. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1937 to Dec 4 1938
 I last saw him alive on Nov 28 1938. Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis and Myocarditis
 Date of onset
 Other contributory causes of importance: aso
 Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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? No
 If so, specify
 (Signed) Arthur H. Jost, M. D.
 (Address) 1901 Madison St

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.

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, W. J. Olenhauer, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed W. J. Olenhauer
Licensed Embalmer No. 2669
P. O. Address 4469 Washington

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, above space should be left blank.