V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8741

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2685

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5630 Pershing
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Dora Rubin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Nathan Rubin

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab. 71 | Months | Days | If less than one day hr. min.

9. Birthplace Volhynia Poland Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name (unk)
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bessie Rosa (unk)
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Rubin
(b) Address 5635 Waterman

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) MAR 21 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1943 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 1939 to March 20 1943
that I last saw her alive on 3/5/43 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of bowel (colon)	2 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. Goldman (M. D. or other) MD
Address 6340 N. Grand Date signed 3/20/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

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 this body is not embalmed, fact should be so stated above.