

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 19 1943  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Menorah Hosp.  
(d) Length of stay: In hospital or institution 1 Month  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 631 Westover Rd.  
(e) Citizen of foreign country? No  
If yes, name country L

3. (a) PRINT FULL NAME Sadye Rubenstein  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 26  
year 1943 hour 11 minute 45 P.M.

4. Sex F 5. Color or race Wh  
6. (a) Single, widowed, married, divorced 1  
(b) Name of husband or wife Joe  
(c) Age of husband or wife if alive 43 years  
7. Birth date of deceased Mar 5, 1902

21. I hereby certify that I attended the deceased from 4-27-43 to 10-26-43  
that I last saw her alive on 10-20-43  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years 41 Months 7 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Metastasis of malignancy from breast malignancy  
Due to Cancer of breast  
Other conditions 50  
(Include pregnancy within 3 months of death)

9. Birthplace Kansas City, Missouri  
10. Usual occupation House W/C  
11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Louis Lippman  
13. Birthplace Russia  
14. Maiden name Rosa Leventhal  
15. Birthplace N.Y. City N.Y.  
16. (a) Informant Joe Rubenstein  
(b) Address K.C. Mo  
17. (a) Burial (b) Date thereof 10-28-43  
(c) Place: burial or cremation St. Carmel  
18. (a) Signature of funeral director J.P. Lavista  
(b) Address K.C. Mo  
19. (a) 10-29-43 (b) D.E. Brown  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_  
23. Signature Alfred J. Gustafson  
Address 420 Prof. Bldg. Date signed 10-27-43

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

OCT 9 1958

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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.....

.....  
working under my personal supervision.

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

Signed..... *R. L. Lewis*.....

Licensed Embalmer No. *3110*.....

P. O. Address *A. C. Me*.....

**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.**