V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 3070

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. F 25644

Primary Registration District No. 3070

Registrar's No. 1491

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community: 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 11
(d) Street No.: 721 Heman (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Frieda Dubinsky
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: married
6. (b) Name of husband or wife: Sam Dubinsky
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Dec. (Month) 8 (Day) 1872 (Year)

8. AGE: Years 71 Months 7 Days 2 If less than one day hr. min.

9. Birthplace: Kamenetz Podolsk, USSR (City, town, or county) (State or foreign country) 6
10. Usual occupation: at home
11. Industry or business:
MOTHER FATHER
12. Name: Jacob Schwartz
13. Birthplace: Unknown (City, town, or county) USSR. (State or foreign country) 6
14. Maiden name: Sima (unk)
15. Birthplace: Unknown (City, town, or county) USSR. (State or foreign country) 6
16. (a) Informant: Mrs. Clara Lachterman
(b) Address: 755 Heman U. City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/12/1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth
18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 Mc Pherson
19. (a) JUL 13 1944 (Date received local registrar) (b) C. A. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1944 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from Jan. 4th 1943 to July 10th 1944 that I last saw her alive on July 10th 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to: Auricular fibrillation	2
Due to:	
Other conditions: Arteriosclerosis general (Include pregnancy within 3 months of death)	2

Major findings:
Of operations:
Of autopsy: 107

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: Paul Himes M.D. (M. D. or other)
Address: 1300 Grant Rd. Webster Groves Date signed 7-10-44

(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.