No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15069

Registration District No. ..... Primary Registration District No. 1000 Registrar's No. 4102

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: 1328 Temple Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

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

(d) Street No. 1328 Temple Place
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Sarah Dubin

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Fem.

5. Color or race White

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

6. (b) Name of husband or wife Jacob Dubin

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

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

8. AGE: Years About 70 | Months — | Days — | If less than one day ..... hr. ..... min.

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

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Russia (State or foreign country)

16. (a) Informant Abe Dubin
(b) Address 1328 Temple Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rudolph
(b) Address 5216 Delmar Blvd.

19. (a) MAY 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1945 hour 5 minute 15 a.m.

21. I hereby certify that I attended the deceased from Aug 1 1944 to May 8 1945 that I last saw him alive on May 7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Uremia — Duration 8 mos
Chr. Nephritis — 5 yrs +

Due to .....

Due to .....

Other conditions Diabetes
(Include pregnancy within 3 months of death)
Elevated Blood pressure

Major findings: Of operations Elevated

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 Jerome E. Cook (M. D. or other)

Address 508 N. Grand Pl. Date signed 5/8/45

(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 Ray E Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis Mo

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.

E. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4102

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Dubin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Jacob Dubin

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

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

8. AGE: Years 70 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) JUN 4 1945 (Date received local registrar) J. F. Budreck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 8 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

15069