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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31831

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9489

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

1. PLACE OF DEATH:

(a) County: ST LOUIS

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

(c) Name of hospital or institution: JEWISH HOSPITAL

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community: 45 years

STEWART

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: St Louis County

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

(d) Street No.: 6609 Enright (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Harry Dubei

3. (b) If veteran, name war: NO

3. (c) Social Security No.: 494-10-9304

4. Sex: MALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ROTH DUBEI

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: May (Month) 1 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
48 52	6	0	hr. min.

9. Birthplace: Montreal (City, town, or county) Canada (State or foreign country)

10. Usual occupation: Manager

11. Industry or business: Mitchell Clothing

12. Name: Moshe Zach Dubei

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

14. Maiden name: Anna

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

16. (a) Informant: Mrs Ruth Dyber

(b) Address: 6609 Enright

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-4-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Chevrah Kadisha

18. (a) Signature of funeral director: Oxenbandler

(b) Address: 4698 Washington

19. (a) NOV 2 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 1, 1943, to November 1, 1945, that I last saw him alive on Nov. 1 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rectum	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Ca of rectum

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: Herman M. Meyer (M. D. or other) M.D.

Address: 508 N. Grand. Date signed: 11/2/45

(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 W. B. Glenhandler

Licensed Embalmer No. 3669

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. #9489

On this 15 day of November, 1945, before me appears Ruth Dubei, who, upon her oath, states that the original record of birth/death for Harry Stewart Dubei, died 11-1-45 born 5-1-1893, 19..., in the State of Missouri, and which was filed at ST. LOUIS on 11-4, 1945, should be corrected as follows:

Item No. 7 should read May-1-1897

Instead of May-1-1893

Item No. 8 should read 48-6-

Instead of 52-6-

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth Dubei Wife
Relationship.

6609 Enright
Present Address.

Subscribed and sworn to before me this 15 day of November, 1945

My Commission expires Sept-4-1947 Edward L. Buchandler Notary Public.

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