

FILED FEB 3 1946

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis**
(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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **41 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5818 Page**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **JOSEPH KUBERNIK OR GUBERNIK**

3. (b) If veteran, name war **No**
3. (c) Social Security, No **None**

20. DATE OF DEATH: Month **January 28** day **28**
year **1946** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **1941** to **Jan 28** 19**46**;
that I last saw him alive on **Jan 28** and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Late Sarah Kubernik**
6. (c) Age of husband or wife if alive **Unknown** years

Immediate cause of death **Acute Cardiac Failure - Myocardial, hr**
Duration

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

8. AGE: Years Months Days If less than one day
Abt. 74 hr. min.

Due to

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

Due to **93**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation **Tailor**

11. Industry or business

12. Name **Isadore Kubernik**

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

14. Maiden name **Lena**

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

16. (a) Informant **Jan Kubernik**

(b) Address **1372 Shawmut Pl**

17. (a) **Burial** (b) Date thereof **1-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Greenhandler**
(b) Address **4469 Washington Blvd.**

19. (a) **JAN 29 1946** (b) **J. F. Bredeck**
(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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. H. P. Proctor** (M. D. or other)
Address **129th** Date signed **1/29/46**

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

2742

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.

Not Embalmed

Signed *W. J. Penhander*

Licensed Embalmer No. *3069*

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.