

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **7385**
1849
Registrar's No.

FILED MAR 6 1946
318

Registration District No. **318** Primary Registration District No. Registrar's 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 55 years (Specify whether years, months or days)

In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1444 Clara ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sarah Dubinsky

3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 20
year 1946 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 20, 1946
to Feb. 20, 1946
that I last saw her alive on Feb. 20, 1946
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive unknown years

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

Immediate cause of death Hypertensive degenerative Cardio-Vascular Disease

Due to 7/3

Other conditions 7/3
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Ab. 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Shimsk Volhynia Poland
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

MOTHER FATHER

11. Industry or business _____

12. Name Jacob Siegel

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

14. Maiden name Bapsie (unk)

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

16. (a) Informant J. Dubinsky

(b) Address 1444 Clara

17. (a) burial (b) Date thereof 2/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) FEB 21 1946 J. F. Brudeck
(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 Herwan M. Meyer (M. D. or other) MD.
Address 508 N. Grand Date signed 2/21/46

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

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.