

S. No. 2  
4-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11178

State File No.

2081

FILED MAR 18 1946  
318

Registration District No.

Primary Registration District No.

1003

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 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis 91  
(c) City or town U. CITY '3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 745 Deland N.R. 5  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME INDE LEA GUBERNIK

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Late MAX GUBERNIK 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

8. AGE: Years Abt. 70 Months — Days — If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEWIFE

12. Name ISAAC FEINBERG

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

14. Maiden name RIFKA GABA

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

16. (a) Informant Ben Gubernik

(b) Address 7201 Stanford

17. (a) BURIAL (b) Date thereof 3-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha

18. (a) Signature of funeral director Oxen handles

(b) Address 4469 Washington

19. (a) MAR 3 1946 (b) J. J. Biedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2  
year 1946 hour 5 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Dec 1945 to Mar 2 1946  
that I last saw him alive on Mar 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation Duration 2 wks.  
Due to Arterio-sclerotic heart disease years?  
Due to hypertension years?

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? \_\_\_\_\_

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

23. Signature J. J. Biedeck (M. D. or other) \_\_\_\_\_  
Address 608 N Grand Date signed 2/3/46

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

MOTHER FATHER

**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. G. Kennerly*  
.....  
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.**