No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35673
Registrar's No. 9342

Registration District No. 318 Primary Registration District No. 1003

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: 5618 Etzel Home (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 38 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ado
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5618 Etzel (If rural, give location) 9
5 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME JOSEPH DUBMAN
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS ANNIE - DUBMAN
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Unknown (Month) 15 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
About 55	2	23	— hr. — min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation REALESTATE - DEALER.
11. Industry or business BUYING - SELLING.
12. Name YITZCHUK - DUBMAN (Father)
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name FAIMA STAINMAN (Mother)
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant FRANK - DUBMAN
(b) Address 5618 - ETZEL
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation CHESED - SHEL - EMETH
18. (a) Signature of funeral director ~~Edward F.~~ Oxenhandler
(b) Address 5010 ENRIGHT
19. (a) OCT 9 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day OCT year 1947 hour 4 minute 05 P M.
21. I hereby certify that I attended the deceased from 8 OCT 1947, to 8 OCT 1947, that I last saw him alive on 8 OCT 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY OCCLUSION	1 day
Due to CHRONIC MYOCARDITIS	?
HYPERTENSION	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 Harry Agress (M. D. or other) MD
Address 634 N. Grand Date signed 8 Oct 47

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

Jefferson City Printing Co. (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. Reinhardler

Licensed Embalmer No. 2669

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.