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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1948

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2452
Registrar's No. 643

Registration District No. Primary Registration District No. 1003

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 (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Frank Dubinsky
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male Color or race White
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Dubinsky
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 66 Months - Days - If less than one day hr. min.

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

10. Usual occupation President

11. Industry or business Dubinsky Real Estate Co.

12. Name Isaac Dubinsky

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

14. Maiden name Rose Goldwasser

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

16. (a) Informant Saul A. Dubinsky

(b) Address 6238 Westminster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amen

18. (a) Signature of funeral director Herman Rindke
(b) Address 5216 Delmar Blvd.

19. (a) JAN 22 1948 (Date received local registrar) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No. 434 Clemens Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1948 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from 1947 to Jan. 20, 1948 that I last saw him alive on January 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to Hb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca of Stomach.

Of autopsy

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) (c) Means of injury

3. Signature J. S. Probst (M. D. or other) Address Date signed 1/21/48

96
4
3
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Ward

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.....

John Ketter
Licensed Embalmer No. *3880*
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.