S. No. 300
M—10-47
r. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10116
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 3255

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 Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 months (Specify whether years, months or days)
In this community: 67 yrs.

2. USUAL RESIDENCE OF DEATH:
(a) State: Mo. (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6 5647a Wells (If rural, give location) 4
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Jacob Dubinsky
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Sarah
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (unk) (Month) (Day) (Year)
8. AGE: Years: ab ~~83~~ 68 | Months | Days | If less than one day: hr. min.
9. Birthplace: (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation: Tailor
11. Industry or business:
12. Name: Israel Dubinsky
13. Birthplace: (City, town, or county) (unk) Russia 6 (State or foreign country)
14. Maiden name:
15. Birthplace: (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant: Louis Dubinsky
(b) Address: 1621 Franklin
17. Burial (Burial, cremation, or removal) (b) Date thereof: 4/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth
18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson
19. (a) APR 5 1948 (Date received local registrar) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1948 hour 11 minute 10 A.M.
21. I hereby certify that I attended the deceased from February 5, 1948 to April 4, 1948 that I last saw him alive on April 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia	2 mo.
Due to: Arteriosclerosis, generalized	7
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Bronchitis with Emphysema.	7

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Jos. M. Orenstein (M. D. or other)
Address: 440 N. Taylor Ave Date signed 4/5/48

(Licensed Embalmer's Statement on Reverse Side)

8

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: Duro Ludwig

Licensed Embalmer No. 4229

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City
County of St.Louis } ss.

State File No.
Local Registrar's No. 3255

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of April, 1948, before me appears Louis Dubinsky, who, upon his oath, states that the original record of ~~birth~~ death for Jacob Dubinsky, died ~~born~~ April 4th, 1948 in the State of Missouri, and which was filed at St.Louis on April 5, 1948, should be corrected as follows:

Item No. 8 should read ab. 68
Instead of ab. 83
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Louis Dubinsky Son
Relationship.

1621 Franklin
Present Address.

Subscribed and sworn to before me this 16th day of April, 1948

My Commission expires June 8 1951 Lawrence J. Dierks Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-10116