

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **41993**  
**11055**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>7 wks.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospit al</b>				e. STREET ADDRESS (If rural, give location) <b>1281a Amherst Place</b> <i>205/9</i>				
3. NAME OF DECEASED (Type or Print) <b>JOSEPH</b>			a. (First)		b. (Middle)		c. (Last) <b>DOBRIN</b>	
4. DATE OF DEATH <b>Dec. 16, 1955</b>		(Month)		(Day)		(Year)		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 15, 1891</b>		
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merschant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Clothing</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>								
13a. FATHER'S NAME <b>Gers Dobrin</b>			13b. MOTHER'S MAIDEN NAME <b>Bertha Krost</b>			14. NAME OF HUSBAND OR WIFE <b>Esther</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Esther Dobrin</b> ADDRESS <b>1281a Amherst Place</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma liver</b>		DUPLICATE (b) <b>Carcinoma sigmoid colon</b>				<b>few months</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c)				<b>6 months(?)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>153x</b>								
19a. DATE OF OPERATION <b>11/3/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma colon with metastases to liver</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>Oct. 29, 1955</b> , to <b>Dec. 16, 1955</b> , that I last saw the deceased alive on <b>Dec. 15, 1955</b> , and that death occurred at <b>4 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Saul S. Lowenstein, M.D.</b> (Degree or title)				23b. ADDRESS <b>457 N. Kings Highway</b>		23c. DATE SIGNED <b>12/16/55</b>		
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <b>Removal</b>		24b. DATE <b>12/18/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chevron Kedisha</b>		24d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 19 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 McPherson Ave.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Sawyer J. DeL...*

Licensed Embalmer No. *298*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.