

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 483

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days
In this community: 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 706 so 10th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Max Trubowitz

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Unknown 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace: Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation: Tavern Owner

11. Industry or business _____

MOTHER FATHER { 12. Name: Unknown
13. Birthplace: Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant: Rosie Freidburg
(b) Address: 706 so 10th St Joseph, Mo.

17. (a) Burial (b) Date thereof: 5/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bani Yakov Yakov

18. (a) Signature of funeral director: Fleeman & Son Inc
(b) Address: 1946 Colhoun, St Joseph, Mo.

19. (a) 5-11-42 (b) Rosie Heyog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from May 7, 1942, to May 9, 1942
that I last saw him alive on May 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Myo - Carditis
Coronary Occlusion

Duration: Unknown
Exactly

Due to _____
Due to _____

Other conditions: Arterio-sclerosis
(Include pregnancy within 3 months of death)

General findings: _____
Of operations: _____
Of autopsy: None

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: E. M. Shores (M. D. or other) M.D.
Address: 317 Kirkpatrick Date signed: 5-11-42

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

11
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7

Shopes

OCT 9 1942

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~~
not embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed *Robert H. Goph*
Licensed Embalmer No. 3308
P. O. Address St Joseph, Mo.

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.