No. 300
—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38045

Registrar's No. 10542

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

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: Jewish Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 wks. (Specify whether
In this community 32 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State a Mo. (b) County 17 4

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 19 214 N. Sarah 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RUBIN DORN

3. (b) If veteran, name war No.

3. (c) Social Security No. 487-18-6144A

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leah

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Oct. 24 (Month) 1875 (Day) (Year)

8. AGE: Years 73 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Shoe worker

FATHER
12. Name Unk. DORN
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace (City, town, or county) Ploand 4 (State or foreign country)

16. (a) Informant Mr. Harry Dorn
(b) Address 6042 Clemens

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 MCPherson

19. (a) DEC 5 1948 (Date received local registrar) (b) J B Sasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1948 hour 4 00 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 25, 1948 to Dec. 3, 1948
that I last saw him alive on Dec. 3, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain hemorrhage
atelectasis (lf. side)

Due to post operative complication of prefrontal lobotomy

Due to

Other conditions Cancer of Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 51

Duration: about 16 hrs 12 hrs

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 0

23. Signature Sidney Goldring M.D. (M.D. or other)
Address Jewish Hosp of St Louis Date signed 12-4-48

(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.....

Licensed Embalmer No.....4329.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.