WRITE PLAINLY ... PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 19423

Township ..... Primary Registration District No. 100? Registered No. .....

City St. Louis (No. 5753 Westminster St. 5005 Ward)

2. FULL NAME Bessie Rifkin

(a) Residence. No. ..... St., 5 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isaac Rifkin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known

7. AGE: About 75 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia

14. INFORMANT: Jos. M. Braun
(Address) 5753 Westminster

15. FILED MAY -2 1929, 19 ..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/2/29 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to May 2, 1929, that I last saw her alive on May 1, 1929, and that death occurred, on the date stated above, at 1 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic
Arterio-sclerosis, general
Hypertension
(duration) many yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Nephritis, chronic
(duration) many yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Llewellyn Sale, M. D.
5/2, 1929 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Chesed Shel Emeth
DATE OF BURIAL: May 3 1929

20. UNDERTAKER: H Rindskopf
ADDRESS: 5216 Delmar