

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

NOV 9 1935

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City *St. Louis* (No. *Jewish Hosp*)

791
1003

File No. **34077**
 Registered No. **8498**
 St. Ward

2. FULL NAME

(a) Residence, No. *5598^e Steeles* St., *6* 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 *single*
 (write the word)
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 9, 1935*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *5 hrs.*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

FATHER 13. NAME *Louis Rifkin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

MOTHER 15. MAIDEN NAME *Ann Laduisky*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

17. INFORMANT (ADDRESS) *Louis Rifkin 5598^e Steeles*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chapel of Shepley* DATE *Jan 10-10-35*

19. UNDERTAKER (ADDRESS) *H. B. Berger 4715 Mt. Vernon*

20. FILED *OCT 10 1935* Registrar. *J. T. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-9-35*

22. I HEREBY CERTIFY, That I attended deceased from *6:00 AM. 10/9*, 19*35*, to *11 AM. 10/9*, 19*35*

I last saw h. or alive on *10-9-35*. Death is said to have occurred on the date stated above, at *11 A.M.*
 The principal cause of death and related causes of importance were as follows:

1) Athetosis - Pulmonary
2) Prematurity
3) circulatory failure
 Date of onset: **159**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) *Samuel C. Muesel*, M. D.
 (Address) *June 1000th St*

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