. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6910

Registrar's No. 1532

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1390 Goodfellow 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME HARRY RAZEPER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Mo

5. Color or race W

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 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 41	—	—	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business TAXI CAB Dispatcher

FATHER
12. Name SAM RAZEPER
13. Birthplace Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Goldie Bierman
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Jack Rarfeld
(b) Address 1390 Goodfellow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem

18. (a) Signature of funeral director Herman Rudolph Inc

(b) Address 5216 Delmar Blvd

19. (a) FEB 15 1948 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 12
year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from FEB. 4, 1948 to FEB. 12, 1948 that I last saw him alive on FEB. 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Infarction	minutes
Due to: Postoperative venous stasis	3 d
Due to: Appendectomy and peritonitis	2 wks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy refused permission

PHYSICIAN — Underline the cause of 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 John L. Horner (M. D. or other) M.D.

Address 114 N. Taylor St. Louis (P) Date signed 2-14-48

Jefferson City Printing Co.

(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.....John Kettles.....

Licensed Embalmer No.....3880.....

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