

FILED SEP 13 1948
318

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28141

7566

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(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 Orthodox Old Folk's Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 yrs.
60 yrs. (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME JACOB RIDKER

3. (b) If veteran, name war _____

3. (c) Social Security No. NO.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years ab 84 Months Days If less than one day hr. min.

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

10. Usual occupation Retired - presser

11. Industry or business _____

12. Name Louis Ridker

13. Birthplace Russia (City, town, or county) (State or foreign country)

14. Maiden name Rose Batt

15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frieda Wallerstein

(b) Address 6017 Etzel

17. (a) Burial (b) Date thereof 8/29/48 (Month) (Day) (Year)

(c) Place: burial or cremation Beth. Ham. Hag.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) AUG 29 1948 (b) J. F. Budeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1438 E. Grand (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 24 1948 to Aug 27 1948 that I last saw him alive on Aug 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia terminal

Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 (3)

23. Signature Jane Marston (M. D. or other) MD

Address 560 Westgate Date signed 8-29-48

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

MOTHER FATHER

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 *Alvaro J. Padura*.....

Licensed Embalmer No. *4529*.....

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.