

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28364

State File No.

FILED AUG 29 1955

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 1861

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>University City</u>	
c. LENGTH OF STAY (In this place) <u>DOA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St. Louis CO. Hosp.</u>			
e. STREET ADDRESS (If rural, give location) <u>6752 Julian Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BEN</u>	b. (Middle)	c. (Last) <u>LAPIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 8, 1955</u>
-------------------------------------	-----------------------	-------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>UNK.</u>	9. AGE (In years last birthday) <u>Abt. 50</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 15 MIN. Mins.
--------------------	-------------------------------	---	------------------------------	--	------------------------	-----------------------	-----------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bycycle</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Samuel Lapin</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Lasky</u>	14. NAME OF HUSBAND OR WIFE <u>Faye Garber Lapin</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Faye G. Lapin</u>	ADDRESS <u>6752 Julian Ave.</u>
--	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocution, suffered while using a quarter inch electric drill on a metal cabinet in his basement while standing on a ladder.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E9140₂₂</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Basement</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>University City</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/8/55 7:52P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Electrocuted while using electric drill on metal cabinet.</u>
--	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Hillman</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>8/10/55</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/10/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cheyra Kadisha Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8/10/55</u>	REGISTRAR'S SIGNATURE <u>Heckert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>erman Rindskopf Inc.</u>	ADDRESS <u>5216 Delmar Bl.</u>
---	--------------------------------------	--	--------------------------------

(Licensed Embalmer's Name and Address to be printed on Reverse Side)

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

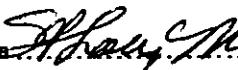
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 369

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.