

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030898

STATE FILE NUMBER 8458

FILED SEP 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8458

S. 300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.				b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3325 Indiana				Length of stay in lb 52 yrs.		d. STREET ADDRESS 3325 Indiana				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE LAST HARRY RIFKIN						4. DATE OF DEATH Aug. 31, 1958 Month Day Year						
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 25, 1906		9. AGE (In years birthday) 51		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver				10b. KIND OF BUSINESS OR INDUSTRY Taxi cab		11. BIRTHPLACE (City and state or county) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Zalman Rifkin				13b. MOTHER'S MAIDEN NAME Bertha				14. NAME OF HUSBAND OR WIFE Clatie				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or (specify)) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Address Clatie Rifkin 3325 Indiana						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>										INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>		
DUE TO (b) <i>Arteriosclerotic heart disease</i>										Year		
DUE TO (c) <i>420.0</i>												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>2</i>									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <i>1946</i> to <i>1957</i> and last saw <i>him</i> alive on <i>July 1957</i> Death occurred at <i>7 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <i>Jamess M. Kotter M.D.</i> (Degree or title)						22b. ADDRESS <i>4409 W Olive</i>			22c. DATE SIGNED <i>9/2/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Remo</i>		23b. DATE <i>9/2/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>			23d. LOCATION (City, town, or county) <i>University City, Mo.</i> (State)					
24. FUNERAL DIRECTOR <i>Berger Memorial 4715 McPherson</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>SEPA '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>						

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Occur, coroner, etc.; must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Lawrence J. Duric*.....

Licensed Embalmer No. 3988.....

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.