THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003195
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 823

1. PLACE OF DEATH
a. COUNTY St. Louis (City) Mo
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Lukes. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE St. Louis b. COUNTY City, Mo.
c. CITY OR TOWN St Louis — Inside Limits Yes X No ☐
2149 STREET ADDRESS 6203 Bancroft (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Jake Middle (N.M.I.) Last Lapin
4. DATE OF DEATH Month 1 Day 24 Year 59
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1/1/96
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress Mfg
10b. KIND OF BUSINESS OR INDUSTRY Dress Mfg.
11. BIRTHPLACE (City and state or country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Isaac Lapin
14. MOTHER'S MAIDEN NAME Ida LAPIN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNK.
17. INFORMANT Address MRS. J.LEVIN-6203 BANCROFT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perirenal Sarcoma with Metastases to abdomen and right chest — INTERVAL BETWEEN ONSET AND DEATH One year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 180X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4.4.1958, to 1/24/59 and last saw her/him alive on 1/23/59
Death occurred at 1:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. W. Kelley MD
22b. ADDRESS 3720 Washington St. Louis 8, Mo
22c. DATE SIGNED 1/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 1/26/59
23c. NAME OF CEMETERY OR CREMATORY CHEVRA KADISHA CEM.
23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.

24. FUNERAL DIRECTOR ADDRESS HERMAN RINDSKOPF, INC. 5216 DELMAR
25. DATE RECD. BY LOCAL REG. JAN 24 '59
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.