RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030238
STATE FILE NUMBER

FILED AUG 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-7249

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5 883 Washington
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5883 Washington
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: IKE (AKA ISAAC) Middle: BECKER Last:
4. DATE OF DEATH: Month Day Year: Aug. 4, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 28-1889
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scrap metal
10b. KIND OF BUSINESS OR INDUSTRY: Scrap metal
11. BIRTHPLACE (City and state or country): USSR
12. CITIZEN OF WHAT COUNTRY: USSR
13a. FATHER'S NAME: Rubin Becker
13b. MOTHER'S MAIDEN NAME: Chan a
14. NAME OF HUSBAND OR WIFE: Rose
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.: None
17. INFORMANT: Sam Becker Address: 7305 Melrose

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): Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): 422.1
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 _____ to _____ and last saw her/him alive on _____
Death occurred at 7 ~~AM~~ P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul J. Simon (Degree or Title): Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 8/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Bur.
23b. DATE: 8/6/59
23c. NAME OF CEMETERY OR CREMATORY: ~~Chevra Kadisha~~ Chesed Shel Emeth Cemetery
23d. LOCATION (City, town, or county) (State): University City, Mo.

24. FUNERAL DIRECTOR: Berger Memorial ADDRESS: 4715 McPherson
25. DATE REC'D BY LOCAL REG.: AUG 5 '59
26. REGISTRAR'S SIGNATURE: Noel Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Fun. Dir. — DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

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. (Failure to co
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.