

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6308 62-025105

Registration District No. 318 Primary Registration District 1003 Registrar's No.

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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4600632

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12640

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **FILED JUL 2 1962**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
 c. CITY OR TOWN **University City** Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jewish Hospital** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **7720 Stanford Ave.** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Louis**

3. NAME OF DECEASED (Type or print) First **SAM** Middle Last **RIFKIN** 4. DATE OF DEATH Month **June** Day **25** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7/28/92** 9. AGE (last birthday) **69** 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) **Retired Grocer** 10b. KIND OF BUSINESS OR INDUSTRY **Grocery** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Shale Rifkin** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Freda Rifkin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unk.** 16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT **Mrs. S. Rifkin-7720 Stanford Ave.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cardiac Recompensation** INTERVAL BETWEEN CAUSE AND DEATH **2 years**
 DUE TO (b) **Arteriosclerotic Heart Disease**
 DUE TO (c) **420.0**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Diabetes Mellitus**
 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 **1946** to **Present** and last saw him alive on **6/25/62**
 Death occurred at **6:20 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Lawrence M. Poter ND** (Degree or title) 22b. ADDRESS **4409 W. Olive** 22c. DATE SIGNED **6/26/62**

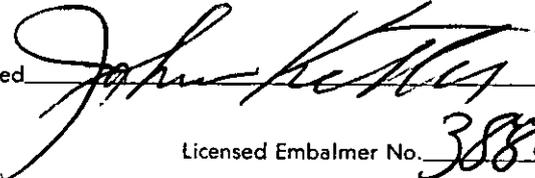
23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6/27/62** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Sinai Cemetery** 23d. LOCATION (City, town, or county) **St. Louis County, Mo.** (State)

24. FUNERAL DIRECTOR **Herman Rindskopf, Inc. 5216 Delmar** ADDRESS 25. DATE RECD. BY LOCAL REG. **JUN 26 1962** 26. REGISTRAR'S SIGNATURE **Loard Smith, M.D.**

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. 3880

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.