

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18448**  
Registrar's No. **4105**

FILED MAY 19 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St Louis Mo</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St Louis 2259</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>5 No. 9</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 No. 9</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Max</b> b. (Middle) <b>Rissman</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>4 14 52</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>abt 1872</b>		9. AGE (In years last birthday) <b>80</b>		10. # UNDER 1 YEAR Months	
11. BIRTHPLACE (State or foreign country) <b>Ill</b>		12. CITIZEN OF WHAT COUNTRY?		13. # UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Ill</b>		11. BIRTHPLACE (State or foreign country) <b>Ill</b>	

13a. FATHER'S NAME <b>Ill</b>		13b. MOTHER'S MAIDEN NAME <b>Ill</b>		14. NAME OF HUSBAND OR WIFE <b>Ill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service)		16. SOCIAL SECURITY NO. <b>Ill</b>		17. INFORMANT'S SIGNATURE OR NAME <b>E. C. Taylor</b> ADDRESS <b>1300 Park</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenic, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				
		ANTECEDENT CAUSES				
		DUE TO (b) <b>LOBAR PNEUMONIA</b>				
		DUE TO (c) <b>CIRRHOSIS OF LIVER</b>				
		<b>INTERSTITIAL HEPATITIS</b>				
		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>490X</b>	

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 **6:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter Perry Spivey, M.D.</b>		23b. ADDRESS <b>1300 Olive</b>		23c. DATE SIGNED <b>4/24/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>MAY 1 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Creston</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>MAY 1 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b> ADDRESS <b>2114 Manchester Ave.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Students of Mortuary College* Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *James G. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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 this body is not embalmed, fact should be so stated above.