

FILED JUL 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20329**  
Registrar's No. **5777**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b> c. LENGTH OF STAY (In this place) <b>0</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>32 University City</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> * STREET ADDRESS (If rural, give location) <b>1108 Kingsland Avenue</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>RITA</b> b. (Middle) <b>ATLAS</b> c. (Last) <b>COOK</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 27, 1954</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Unknown</b>
<b>9. AGE</b> (In years last birthday) <b>Abt. 56</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Poland 4</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Housewife</b>	
<b>11. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Max Garbarz</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Frieda Atlas</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Marcus Cook</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <b>no</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>M. Cook - 1108 Kingsland Avenue</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Diabetes mellitus</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis-gen.</b> DUE TO (c) <b>Nephritis-chr.</b> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>446X</b>		<b>22. I hereby certify that I attended the deceased from</b> <b>Nov. 19 51</b> , to <b>June 26, 19 54</b> , that I last saw the deceased alive on <b>6/26, 19 54</b> , and that death occurred at <b>8:30 a.m.</b> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <i>Louis Cohen</i>		<b>23b. ADDRESS</b> <b>4500 Lincoln St. St. Louis</b>	
<b>23c. DATE SIGNED</b> <b>6/28/54</b>		<b>24. BIRTHAL CREMATION REMOVAL</b> (Specify) <b>Removal</b>	
<b>24b. DATE</b> <b>6/29/54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Olive Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Herman Rindskopf, Inc., 5216 Delmar</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 28 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith m.d.</i>	

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John B. Duboulet*.....

Licensed Embalmer No. *369*.....

P. O. Address *St Louis Mo*.....

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.