

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-027091

FILED VS AUG 17 1959

STATE FILE NUMBER 6934

Registration District No. Primary Registration District No. Registrar

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 4346
c. FULL NAME OF DECEASED HOSPITAL IN INSTITUTION 4 <i>John O. Rhoads Old Folks Home</i>		Length of stay in lb 1 yr.	d. STREET ADDRESS (If outside, give location) 7424 Cornell Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
TKR RAFFIE			July 26, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 1, 1871		9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY Retail Tailor	11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hyman Raffie		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Celia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-22-7860		17. INFORMANT Mrs. Blanche Stipelman 7424 Cornell	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Pulmonary Fibrosis &amp; Emphysema.</i>		INTERVAL BETWEEN ONSET AND DEATH Yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	525X
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Bronchopneumonia</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>3/59</i> to <i>7/26/59</i> and last saw him alive on <i>7/24/59</i> . Death occurred at <i>12:45 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Roy Greenbaum M.D.</i>	22b. ADDRESS <i>4652 Maryland.</i>	22c. DATE SIGNED <i>7/27/59.</i>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>Rem.</i>	<i>7/27/59</i>	<i>Chesed Shel Emeth</i>	<i>University City, Mo.</i>
24. FUNERAL DIRECTOR <i>Berger Memorial 4715</i>		ADDRESS <i>1100 Cherson</i>	25. DATE RECD. BY LOCAL REG. <i>JUL 27 '59</i>
REGISTRAR'S SIGNATURE <i>Earl Smith. M.D. m.g. 13</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Stanley F. Dixon* .....

Licensed Embalmer No. *4193* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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