# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

16435

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. ..... Registered No. 4325

**2. FULL NAME** Louis Levy

(a) Residence. No. 2617 Dickson St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| male | white | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Levy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3 - 1884

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 3 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Letter Carrier 108
(b) General nature of industry, business, or establishment in which employed (or employer) 110A
(c) Name of employer 114E

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) N. Y.

PARENTS

10. NAME OF FATHER Abraham Levy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Rebecca Fisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baltimore (STATE OR COUNTRY) Md.

14. INFORMANT Mary Levy
(Address) 2617 Dickson St.

15. FILED MAY -8 1927 19 Max C Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 7 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-19-27, 19..., to 5-7-27, 19..., that I last saw him alive on 5-7-27, 19..., and that death occurred, on the date stated above, at 7 05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema
Pneumonia Lobar
Lung Abscess
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia Lobar
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 101A

DID AN OPERATION PRECEDE DEATH? No DATE OF 4-19-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. H. Hughbanks, M. D.
19 (Address) 216 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Sinai Cemetery

DATE OF BURIAL May 8 1927

20. UNDERTAKER H. Rindskopf

ADDRESS 5216 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.