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

Do not use this space.

38083

23 1928

1. PLACE OF DEATH
County St Louis — Registration District No. 189 — File No.
Township Central — Primary Registration District No. 60 A 8 8 — Registered No. 948
City (No. Jewish Sanitorium St. Ward)

2. FULL NAME Sam Levy
(a) Residence. No. 1395 Burd Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE ch — YEARS 52 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cobbler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wilna
(STATE OR COUNTRY) Russia

PARENTS
10. NAME OF FATHER Saul Levy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rose Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

14. INFORMANT Y. Levy SLAB
(Address) 2805 Thomas

15. FILED 12/29 1927 Opella Bracy M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1927, to Dec 28, 1927 that I last saw him alive on Dec 28, 1927, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asthma
112 113 105
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Pulmonary Emphysema
(duration) 4 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1620 Carr St.
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No —
WHAT TEST CONFIRMED DIAGNOSIS? Fluoroscopy — X Ray
(Signed) Selig Simon, M.D.
12/28, 1927 (Address) William Levy M.D. Jewish Sanatorium, Anglum Mo.

*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 Hevre Kedisha — DATE OF BURIAL 12/29 1927

20. UNDERTAKER H B Berger — ADDRESS 4715 McPherson

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.