

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

Do not use this space.

26017

1. PLACE OF DEATH

County..... Registration District No. 2817
 Township..... Primary Registration District No. 203
 City St. Louis (No. 2817, Lafayette Ave St. 23 Ward)

File No.
 Registered No. 7877
 St. 23 Ward)

2. FULL NAME Juniata Levy

(a) Residence. No. 2817 Lafayette Ave st. 23 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1928

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

17. I HEREBY CERTIFY That I attended deceased on July 30, 1928, to July 30, 1928, that I last saw him alive on July 30, 1928, and that death occurred, on the date stated above at 8.15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9, 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. X 2 21

Cholera Infantum
 (duration) yrs. mos. 12 da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) " (c) Name of employer

CONTRIBUTORY (SECONDARY) 1130 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo

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

10. NAME OF FATHER Elmer Levy

18. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

18. WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Edith McCormick

18. WHAT TEST CONFIRMED DIAGNOSIS. (Signed) E. M. Adkins, M. D.

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

July 31, 1928 (Address) 3012 Lafayette
 *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.

14. INFORMANT Elmer Levy (Address) 2817 Lafayette Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus Cemetery DATE OF BURIAL Aug 1, 1928

15. AUG - 1 1928 FILED Mar C Starkey REGISTRAR

20. UNDERTAKER A. W. M. Laughlin ADDRESS 1631 E. Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

