

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

Do not use this space.

32501

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No. 1003  
City St. Louis Mo No. 1003 Hebrew Hospital  
City..... No. .... (If nonresident, give city or town and State)

File No.....  
Registered No. 9306  
St. .... Ward)

**2. FULL NAME** Harry Levinson

(a) Residence, No. 9142 S. Vandewater St. 18 Ward.

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ros Levinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1885</u>		
7. AGE YEARS <u>about 46</u>	MONTHS <u>2</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant Clothing</u>		11. Total time (years) spent in this occupation <u>25</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Clothing</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept - 31</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER 13. NAME William Levinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Jessie Berkman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) The Levins

18. BURIAL, CREMATION, OR REMOVAL PLACE Church Keduka DATE Sept 4, 1931

19. UNDERTAKER (ADDRESS) Dr. Richardson Bernard Director

20. FILED 31 1931 Sept 4 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician attended

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:50 P. m.

The principal cause of death and related causes of importance were as follows:

Haemorrhage into the Pons (Non-traumatic)

Other contributory causes of importance: 82H

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) J. W. Ferner M.D.  
9/3/31 Sup. Coroner

