

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.

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

Do not use this space.

11128

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1013
City St. Louis (No. Jewish Hospital)..... St. Ward)

File No.
Registered No. 3220

2. FULL NAME

Rosa Levy
(a) Residence, No. 5730 Kingsbury St., 5 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 - 1864

7. AGE YEARS 68 MONTHS — DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215 / 2380

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.13. NAME Abraham Levy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Lena Nathan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Albert Manheimer 5733 Kingsbury18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cemetery DATE April 3, 193219. UNDERTAKER (ADDRESS) H. Rindshel 5214 Delmar St. St. Louis20. FILED APR -2 1932 W. C. March Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 193222. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to March 31, 1932I last saw her alive on March 31, 1932 Death is saidto have occurred on the date stated above, at 12 P. m.

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

Carcinoma of large bowel Date of onset460 2380Other contributory causes of importance: 460Name of operation Resection of the Date of Mar. 31, 1932What test confirmed diagnosis? Cleaning Was there an autopsy? No

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? No

If so, specify

(Signed) J. G. Probst, M. D.(Address) 4500 Olive St.

