

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.

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

Do not use this space.

30357

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1000  
City St. Louis (No. Jewish Hospital)

File No. \_\_\_\_\_  
Registered No. 7958  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME: Levy, Miss Rebecca

(a) Residence, No. 5376 Pershing St. 12 Ward. \_\_\_\_\_

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) Sept. 23 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 11 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_ 9

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

13. NAME Mathis Levy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Barbara Cook

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

17. INFORMANT (ADDRESS) Emma Levy 5376 Pershing

18. BURIAL, CREMATION, OR REMOVAL PLACE Noteline DATE 8-2 1932

19. UNDERTAKER (ADDRESS) H. Rindskopf 3216 Delmar

20. FILED SEP - 1 1932 Miss C. Stanley Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1932, to Sept 1, 1932. I last saw h. e. alive on Sept 4, 1932. Death is said to have occurred on the date stated above, at 7:45 A. m.. The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis  
Chronic Myocarditis  
Chronic Nephritis  
Terminal Uremia  
Other contributory causes of importance: Diabetes Mellitus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 507 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) Carl K. [unclear], M. D.  
(Address) Jewish Hospital

