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

Do not use this space.

24598

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 5986

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. Jewish Hosp St. ..... Ward)

2. FULL NAME Michel Levy

(a) Residence, No. ..... St., 1V Ward. New Orleans La
(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 Pearl Kaufman Levy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18, 1886

7. AGE YEARS 47 MONTHS 3 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies mdse

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) New Orleans La

FATHER

13. NAME Adolph Levy

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

MOTHER

15. MAIDEN NAME Melanie Lazard

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

17. INFORMANT (ADDRESS) Mrs Pearl Levy 6245 North Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE New Orleans La DATE 7/8 1933

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson

20. FILED JUL -8 1933 J F Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/7, 1933, to 7/7, 1933

I last saw him alive on 7/7/33, 1933. Death is said to have occurred on the date stated above, at 6:15 P.m.

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

	Date of onset
Coronary occlusion	
93 Chronic myocarditis	
950 Cardiac decompensation	
940	

Other contributory causes of importance:

Name of operation none 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? No

If so, specify .....

(Signed) Harry Gross, M. D.

(Address) Jewish Hospital, St. L. Mo.

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.

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