

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.

30936

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **009**
 City **St. Louis** (No. **935**, N. **10th**)

File No.....
 Registered No. **7601**
 St. Ward

2. FULL NAME *Sarah Levy*

(a) Residence, No. St. **15** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Moses Levy</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 16 - 1868</i>				
7. AGE	YEARS <i>64</i>	MONTHS <i>9</i>	DAYS <i>15</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
	13. NAME <i>Mrs Frankel</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
	15. MAIDEN NAME <i>Rosalie Fieber</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>				
17. INFORMANT <i>Moses Levy</i> (ADDRESS) <i>935 N. 10th</i>				
18. BURIAL, CREMATION OR REMOVAL PLACE <i>Bnai Ansona</i> DATE <i>9-4</i> 1933				
19. UNDERTAKER <i>H. Kungskoff</i> (ADDRESS) <i>3216 Delmar</i>				
20. FILED <i>SEP -2 1933</i> <i>J. Bredeck</i> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-2* 1933

22. I HEREBY CERTIFY, That I attended deceased from *June* 1933, to *Sept 2* 1933
 I last saw him alive on *Sept 1* 1933. Death is said to have occurred on the date stated above, at *12:30* a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
465
930
 Other contributory causes of importance:
Carcinoma of stomach

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

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) *S. J. Gheans*, M. D.
 (Address) *1114*

OCT 6 1941