

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

Do not use this space.

2369

FEB 27 1934

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
Township St. Ferdinand Primary Registration District No. 6030  
City Robertson (No. Jewish Sanatorium)

File No. \_\_\_\_\_  
Registered No. 791  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Minnie Levine  
(a) Residence. No. 1357a Belt Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>21</u>	<u>2</u>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work School girl  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Moscow  
(STATE OR COUNTRY) Georgia

10. NAME OF FATHER Sam Levin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER Mary Sobel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Russia

14. INFORMANT Mary Levin  
(Address) 1357a Belt Ave

15. FILED 1/5, 1934 W. G. Zietler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/4 1934

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1933, to Jan 4, 1934 that I last saw her alive on Jan 2, 1934, and that death occurred, on the date stated above, at P. A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
237  
23  
(duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Laryngeal Tuberculosis  
(duration) 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory - X-ray  
(Signed) Delia Simon M. D.  
1/1, 1934 (Address) Jewish Sanatorium, Robertson, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chenrah Hadicha DATE OF BURIAL Jan. 5 1934

20. UNDERTAKER Benhandler Funeral Home ADDRESS 4469 Washington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

4469 Washington

