

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

Do not use this space.

34289

OCT 11 1934

791

1003

1. PLACE OF DEATH

County..... Registration District No.
 Township..... Primary Registration District No.
 City St. Louis (No. 5741, McPherson)..... St. Ward (.....)

File No.
 Registered No. 9081

2. FULL NAME

Carrie Levy
 (a) Residence, No. St. 5 Ward.
 (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 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 21 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school teacher
 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

MOTHER FATHER
 13. NAME Abraham Levy

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

15. MAIDEN NAME Lena Nathan

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

17. INFORMANT Albert Munkhoffer (ADDRESS) 5733 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE Sept 14 1934

19. UNDERTAKER Herman K... 5216 ... (ADDRESS)

20. FILED EP 12 153 19 J. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1934 to Sept 11 1934

I last saw him alive on Sept 11 1934. Death is said to have occurred on the date stated above, at 6 A. M.

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

Carcinoma of linner
46E
46
 Other contributory causes of importance: metastasis probable but not determined

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? No
 If so, specify.....

(Signed) J. J. ... M. P.
 (Address) 5th Bldg

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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Vertical handwritten text on the right side of the page.

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