

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

Do not use this space.

JUL 12 1935

21137

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City **St. Louis** (No. **4943** Terry Ave. .... St. .... Ward)

File No. ....  
 Registered No. **5055**

**2. FULL NAME** Joseph A. Leviston

(a) Residence, No. 4943 Terry Ave. St. 6 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 **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 **Hettie Leviston**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1st, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**73 5 7**

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

FATHER 13. NAME **William Leviston**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER 15. MAIDEN NAME **Cynthia Pullen**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT Mrs. Hettie Leviston  
 (ADDRESS) **4943 Terry Ave.**

18. BURIAL, CREMATION, OR REMOVAL **Memorial Park Cem.** DATE **June 10, 1935**

19. UNDERTAKER Drekmann Hanaal  
 (ADDRESS) **1905 Union Blvd.**

20. FILED **JUN 10 1935** 19 J. F. Bredeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8th 1935**

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to June 8, 1935

I last saw him alive on June 8, 1935. Death is said to have occurred on the date stated above, at 9:15 A.M.

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

*Ch. myocarditis - mitral and aortic insufficiency  
 Auricular fibrillation*

**52**

Other contributory causes of importance:

*Ulcer of leg = carcinoma of border of ulcer. Ulcer present 2 1/2 yrs before leg removed.*

Name of operation Leg removed Date of 1933

What test confirmed diagnosis? Physical findings Was there an autopsy? no

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) C. J. Perry, M.D.

(Address) 611 Olive, St. Louis, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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