

JUN 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis*

(No. *Barnes Hospital*)

File No. **20858**

Registered No. **5049**

St. Ward

2. FULL NAME *Walter Isaac Levy*

(a) Residence, No. *1107 Dolman* St. *22* Ward.

(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*) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 3 - 1878*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>57</i>	<i>6</i>	<i>3</i>	

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. *Genl. Merchant*

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) *Fitchfield Ill.*

MOTHER 13. NAME *Leopold Levy*

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

15. MAIDEN NAME *Henriette Vlassa*

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

17. INFORMANT *M. E. Levy* (ADDRESS) *1107 Dolman St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Sinai Cem* DATE *5 - 10 1936*

19. UNDERTAKER *H. Rindskopf* (ADDRESS) *216 Deland*

20. FILED *MAY 9 - 1936* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 6 1936*

22. I HEREBY CERTIFY, That I attended deceased from *5 - 1 - 1936* to *5 - 6 - 1936*

I last saw him alive on *5 - 6 - 1936* Death is said

to have occurred on the date stated above, at *4:10 p.m.*

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

Acute Intestinal Obstruction Date of onset *7*
by strangulated inguinal
hernia
122a

Other contributory causes of importance:
Post-operative Pneumonia

Name of operation *Herniectomy* Date of *12*

What test confirmed diagnosis?..... 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) *L. H. Richardson* M.D.
(Address) *Barnes Hospital*

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.

