

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo.

Registration District No. 791  
Primary Registration District No. 1003  
ST. MARY'S INFIRMARY

File No. 8106  
Registered No. 1545  
St. .... Ward)

2. FULL NAME ARTHUR LEVY

(a) Residence, No. 3943 Chouteau St., 19 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Minor

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1937, 1937, to Jan. 7, 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1936I last saw him alive on Jan. 7, 1937 Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
28 8 24

to have occurred on the date stated above, at 9:25 A. m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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.....

Date of onset

Lobar Pneumonia12. BIRTHPLACE (CITY OR TOWN) St. Louis 1  
(STATE OR COUNTRY) MissouriOther contributory causes of importance: 10013. NAME Sam Levy 2

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) Tulsa 2  
(STATE OR COUNTRY) OklahomaWhat test confirmed diagnosis?..... Was there an autopsy? No15. MAIDEN NAME Elnora Coliers

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) Dallas  
(STATE OR COUNTRY) Texas

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT ST. MARY'S INFIRMARY  
(ADDRESS) St. Louis

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL (CREMATION) OR REMOVAL PLACE City Cemetery DATE Feb. 4 1937

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER Geo. Hammett  
(ADDRESS) City Health Dept

Manner of injury.....

20. FILED FEB 8 - 1937 J. Bredel Registrar.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) W. W. Foster, M. D.(Address) St. Mary's Infirmary

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

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