

REC'D JUL 12 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20088

Do not use this space.

5207

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **Jewish Hosp.** St. **130**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. **1376 Blackstone** St. **6** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 **Rose Levitt**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN. 29. 1885**

7. AGE YEARS **53** MONTHS **4** DAYS **7** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dealer Meats**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retail**  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **Kaunas** (STATE OR COUNTRY) **Lithuania**

13. NAME **Schneir Zolman Levitt**

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

15. MAIDEN NAME **Hannah Shoena Kram**

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

17. INFORMANT **Miss. E. Levitt** (ADDRESS) **1376 Blackstone**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **6/7 38**

19. FUNERAL DIRECTOR **H. B. Berger** (ADDRESS) **4715 McPherson**

20. FILED **JUN 7 1938** **J. D. Buddeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 6 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 29**, 1938, to **June 6**, 1938.

I last saw him alive on **June 6**, 1938. Death is said to have occurred on the date stated above, at **3:50 Pm.**

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

**Coronary Occlusion**Date of onset **5-29-38**

Other contributory causes of importance: **amputation of leg necessitated by thrombus producing gangrene caused by coronary occlusion**

Name of operation **amputation Left Leg** Date of **6-4-38**What test confirmed diagnosis? **Clinical** 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? **No**  
 If so, specify .....

(Signed) **A. Weber (WEBER)**(Address) **Union Club Bldg.**

**STATEMENT BY LICENSED EMBALMER**

I, Herbert I. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1597

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**