REC'D FEB 21 1939

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

1642
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 40
(c) City ST. JOSEPH, — (d) Street No. ST. JOSEPH'S HOSPITAL St.
(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 56 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 150 CHARLEY LEVIN
(a) Residence, No. 3502 SOUTH 16TH ST. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: NELL Levin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 4, 1882
7. AGE: YEARS 56 — MONTHS 6 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HORSE AND MULE
9. Industry or business in which work was done, as saw mill, bank, etc.: BUYER,
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): ST. JOSEPH, MISSOURI 0

FATHER
13. NAME: MOSES LEVIN 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RUSSIA 7

MOTHER
15. MAIDEN NAME: ROSE KAHN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RUSSIA

17. INFORMANT (ADDRESS): MRS. NELL LEVIN, 3502 SO. 16TH ST. ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: MEMORIAL PARK, DATE: JAN, 17, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEMAN' SON INC. 1946 COLHOUN, ST. JOSEPH, MO.
20. FILED 1-16, 1939 H. J. Nettebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938, to Jan 14, 1939
I last saw him alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
① Aortic ~~regurgitation~~ regurgitation	
Luetic	
② Cirrhosis of liver	

Other contributory causes of importance: 34

Name of operation: none — Date of
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) V. H. Saferstein, M. D.
(Address) 620 Francis

(Licensed Embalmer's Statement on Reverse Side)

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.

11 5 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, JOHN E. RUPP

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3086

P. O. Address 1946 COLHOUN ST. ST. JOSEPH, MISSOURI.

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

If this body is not embalmed, above space should be left blank.