

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

REGISTRATION DISTRICT NO. 791  
1008

Primary Registration District No. \_\_\_\_\_

Registrar's No. 5594

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5333 Pershing Ave. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Hildah Levy

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased 2 26 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>27</u>	hr. _____ min.

9. Birthplace New Orleans, La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Public School

12. Name Marx Levy

18. Birthplace New Orleans, La.  
(City, town, or county) (State or foreign country)

14. Maiden name Ester Weil

15. Birthplace New Orleans, La.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Judith Levy

(b) Address 5333 Pershing Ave.

17. (a) Cremation (b) Date thereof June 24-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herman Runderhoff

(b) Address 5212 Delmar Blvd.

19. (a) J. P. Bredich (b) \_\_\_\_\_  
(Date) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 112  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5333 Pershing  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1939 hour 11 15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6/4 P. M.  
1938 to 6/23, 1939  
that I last saw her alive on 6/23/39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - uterine Primary 18 Mo.

Due to \_\_\_\_\_

Due to H9A

Other conditions Pneumonia 2 Mo.  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma - abdominal

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Louis Cohen (M. D. certificate) \_\_\_\_\_

Address St. Louis, Mo. Date signed 6/24/39

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**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Charles Cooper

Licensed Embalmer No. 3830

P. O. Address 5716 Delmar

**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.)**

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