DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27511

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7011

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4700 Newberry
(If rural, give location)

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(e) If foreign born, how long in U. S. A.? 58 years years.

3. (a) PRINT FULL NAME Henry Leventhal 153

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Leventhal

6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Oct. (Month) 10, (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	0	hr. min.

9. Birthplace Kaunas (City, town, or county) Lithuania (State or foreign country)

10. Usual occupation Dairy Products

11. Industry or business Retailer

FATHER
12. Name Frank Leventhal
13. Birthplace Kaunas (City, town, or county) Lithuania (State or foreign country)

MOTHER
14. Maiden name Tillie Levin
15. Birthplace (City, town, or county) Lithuania (State or foreign country)

16. (a) Informant's own signature J. Green
(b) Address 5877 Bartmer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 13 (Day) 1939 (Year)
(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson

19. (a) AUG 12 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1939 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan, 1937, to death, 19__;
that I last saw him alive on Aug 11, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Senility & Diabetes

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Alfred Goldman (M. D. or other)
Address 63 Ar 1400 Fremont Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

SOM-5-17-39
Rev. 5-17-39
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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 H.I.Berger, Registered Apprentice No._____, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1597

P. O. Address_____

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.