

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34454**

Registration District No. **791** Primary Registration District No. _____ Registrar's No. **8992**

1. PLACE OF DEATH: **1000**
 (a) County _____
 (b) City or town **St. Louis, Mo.** **NOV 13 1939**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home - 5715 Manwa
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **22** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **[L]**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5715 Manwa**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **1899 - 40** years.

3. (a) PRINT FULL NAME **LOUIS LEVY 100**
 3. (b) If veteran, name war **no** (c) Social Security No. **no**
 4. Sex **male** 5. Color or race **white**
 6. (b) Name of husband or wife **Rose Levy** 6. (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **Unknown**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct** - day **23** - 1939
 year **1939** hour **12** minute **30 A** M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years **about 60** Months _____ Days _____ If less than one day hr. _____ min. _____
 9. Birthplace _____ (City, town, or county) **Russia** (State or foreign country)
 10. Usual occupation **Shoemaker**
 11. Industry or business **Shoes**
 MOTHER FATHER { 12. Name **Unknown** 7
 13. Birthplace _____ (City, town, or county) **Russia** (State or foreign country)
 14. Maiden name **Unknown** (City, town, or county) (State or foreign country)
 15. Birthplace _____ (City, town, or county) **Russia** (State or foreign country)

Immediate cause of death **Chronic Myocarditis**
 Due to _____
 Due to **Arterio Sclerosis**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **93 C**
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Joseph Edward Levy**
 (b) Address **5925 1/2 Hamilton Penn.**
 17. (a) **Burial** (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Church of the Holy Spirit**
 18. (a) Signature of funeral director **Openhandled**
 (b) Address **4469 Washington**
 19. (a) **061 23 1939** (b) **J. B. Beckwith**
 (Date received local registrar) (Registrar's Signature)

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 plant) (e) Means of injury _____
 23. Signature **Joseph M. [Signature]** (M. D. or other)
 Address **Deputy Coroner** Date signed _____

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

Rev. 5-17-39

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.

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.....

Myself
.....
working under my personal supervision.

Registered Apprentice No.

Signed *W. B. Cleghandler*
.....
Licensed Embalmer No. *3669*

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.