DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8936

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2419

1. PLACE OF DEATH:
(a) County: St. Louis,
(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life. (Specify whether years, months or days)
In this community: "

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis.
(c) City or town: St. Louis, 13
(If outside city or town limits, write "RURAL")
(d) Street No.: 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? American born.

3. (a) PRINT FULL NAME: Katherine Levins.
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Jamee Levins.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Abt. (Month) (Day) 1871. (Year)
8. AGE: Years 69 Months X Days X If less than one day: hr. min.
9. Birthplace: St. Louis, Mo. (City, town, or county) American (State or foreign country)
10. Usual occupation: No Occupation.
11. Industry or business: X
MOTHER FATHER
12. Name: Martin Small
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
14. Maiden name: Mary Wall,
15. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: E. Molony
(b) Address: 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: John P. Collins & Bro
(b) Address: 922 N. Grand Blvd.
19. (a) MAR 12 1940 (Date received local registrar) (b) J. F. Burbick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11, year 1940 hour 7:30 minute a.m. M.
21. I hereby certify that I attended the deceased from February 1, 1940, to March 11, 1940 and that I last saw her alive on March 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart Disease.	
Due to: Arteriosclerosis.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None.	
Of autopsy: None.	

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: James P. Murphy, (M. D. or other)
Address: 5100 Arsenal St. Date signed 3-11-40

(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.

Rev. 5-17-39 I X19511

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.