

Registration District No. **791** | Primary Registration District No. **1003**

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

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:
32 Lewis Place
(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 Samuel Leventhal
8. (b) If veteran, name war No **8. (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 Gertrude Leventhal **6. (c) Age of husband or wife if alive** Unk years
7. Birth date of deceased Ab. 1857
(Month) (Day) (Year)

8. AGE: Years Ab. 83 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Kovna Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Burlap Bag Dealer

MOTHER FATHER
12. Name Ephriam Leventhal
13. Birthplace Kovna Russia
(City, town, or county) (State or foreign country)
14. Maiden name Toba (unk)
15. Birthplace Kovna Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jenny Levy
(b) Address 32 Lewis Place

17. (a) Burial **(b) Date thereof** 3/31/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

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

19. (a) MAR 31 1940 **(b)** J. F. Budich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
 (d) Street No. 32 Lewis Place
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
 year 1940 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan, 1935, to March 29, 1940
 that I last saw him alive on March 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerotic heart disease
sinusitis
 Due to _____
 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? 844
 While at work? _____
(Specify type of place) (e) Means of injury
23. Signature Refred J. Budich (M. D. or other) _____
 Address 634 McPherson Date signed 3/30/40

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..... 

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.