

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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 15 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Aaron Levin 157

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

7. Birth date of deceased September 21, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 6 9 hr. min.

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

10. Usual occupation Hebrew Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joshua Levin

13. Birthplace Poland  
(City, town, or county) (State or foreign country)

14. Maiden name Adele (unk)

15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Levin

(b) Address 5782 Kingsbury

17. (a) Burial (b) Date thereof 5/31/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) MAY 31 1940 (b) J. P. Budack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5802 Westminster  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 15 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 P  
year 1940 hour 7:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 28  
1940 to May 30 1940  
that I last saw him alive on May 30 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration chronic

Due to senile degeneration

Due to arteriosclerosis

Other conditions arteriosclerosis 2 days  
(Include pregnancy within 3 months of death)

Major findings: 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) (a) Means of injury 1

23. Signature Robert Green (M. D. or other)

Address 6233 Deemer Date signed 5/31/40

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

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

*No embalming*  
H. I. BERGER

Registered Apprentice No.

working under my personal supervision.

Signed

*H. I. Berger*  
Licensed Embalmer No.

1597

P. O. Address

4715 McPherson

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.