

JUN 10 1940

Registration District No. 85

Primary Registration District No. 1001

583

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
616 S. 11th.
(d) Length of stay: In hospital or institution 35 years
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 616 S. 11th.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th.
year 1940 hour 9 minute 05 p. M.
21. I hereby certify that I attended the deceased from 1936, 19 to May 25, 1940.
that I last saw her alive on May 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Wrenia
Duration: 4 days

Due to: Nephritis Chronic
Duration: 5 yrs

Other conditions: 131
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury: Colored
23. Signature: J. M. Allaman (M. D. or other)
Address: Central Bldg. Date signed: 5/27/40

3. (a) PRINT FULL NAME ZELDA LEVIN 150

3. (b) If veteran, name war none (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Aron Levin 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
est. 56 ? ? hr. min.

9. Birthplace unknown Russia 7 (City, town, or county) (State or foreign country)

10. Usual occupation housewife 7

11. Industry or business 7

12. Name Jacob Freedman 7

13. Birthplace unknown Russia 7 (City, town, or county) (State or foreign country)

14. Maiden name Rosie Tanser

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

16. (a) Informant Aron Levin (b) Address 616 S. 11th. St. Joseph

17. (a) Burial (b) Date thereof May 25, 1940 (c) Place: burial or cremation Sharre Sholem

18. (a) Signature of funeral director FLEEMAN & SON INC. (b) Address St. Joseph Mo.

19. (a) May 27, 1940 (b) J. M. Allaman (c) Registrar's signature

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.