

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **399** Primary Registration District No. **1002** Registrar's No. **2470**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **K.C.**
(c) Name of hospital or institution: **3724 Wabash**
(d) Length of stay: In hospital or institution **18 years**
In this community **18 years**

3. (a) PRINT FULL NAME **Louis Levine**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Clara Levine** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **unknown**

8. AGE: Years **April 69** Months **X** Days **X** If less than one day hr. min.

9. Birthplace **Russia**

10. Usual occupation **Kanter**

11. Industry or business **retired**

12. Name **Abraham Levine**

13. Birthplace **Russia**

14. Maiden name **unknown**

15. Birthplace **Unknown**

16. (a) Informant **Manuel Levine**

(b) Address **2034 E 48th**

17. (a) **Burial** (b) Date thereof **6-17-40**

(c) Place: burial or cremation **Blue Ridge Cem.**

18. (a) Signature of funeral director **H. Thamm**

(b) Address **K.C., Mo.**

19. (a) **June 17, 1940** (b) **M. M. Brown**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **K.C.**
(d) Street No. **3724 Wabash**
(e) If foreign born, how long in U. S. A. **18** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **16**
year **1940** hour **9** minute **0** M.
21. I hereby certify that I attended the deceased from **1935** to **June** 19**40**
that I last saw h. **in** alive on **June 9** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion on**
Chronic Myocarditis
Due to **Chronic Myocarditis**
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature **H. Thamm** (M. D. or other) _____
Address **314 Shubert Bldg** Date signed _____

Duration _____
Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

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.

not Embalmed

Signed.....

..... Licensed Embalmer No.....

..... 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.