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13-40  
7-39  
X22159

DEC 5 - 1940

District No. 104

Primary Registration District No. 3008

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No I  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept. 17 to Nov 12  
(Specify whether years, months or days) 3

3. (a) PRINT FULL NAME Dora Levey

3. (b) If veteran, name war No

3. (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 Sam Levey

6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased: August 15 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>2</u>	<u>27</u>	hr. _____ min.

9. Birthplace Vilna Russland  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 7

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

12. Name Harry Linkel

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

14. Maiden name Rena Mary

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

16. (a) Informant Sam Levey

(b) Address St Louis Mo

17. (a) Residence (b) Date thereof 11/14/1940  
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Neura Kedusha

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

(b) Address 4715 Mc Pherson

19. (a) Nov 13, 1940 (b) R. N. Crew  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3051 Easton Ave.  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12  
year 1940 hour 11<sup>10</sup> minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 17  
\_\_\_\_\_, 1940, to Nov 12, 1940;

that I last saw her alive on Nov 12, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension & arterio sclerosis

Due to g. n.

Other conditions (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)

(e) Means of injury: \_\_\_\_\_

23. Signature Forrest Thomas (M. D. or other) \_\_\_\_\_

Address State Hospital No 1 Date signed 11/20/40

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

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**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.....

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, fact should be so stated above.**