

No. 2  
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17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43874

NEW JAN 8 1940  
Registration District No. 784

Primary Registration District No. 700

State File No. \_\_\_\_\_  
Registrar's No. 2431

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Rural, St. Ferdinand, Patmore  
(c) Name of hospital or institution:  
Jewish Sanatorium of St. Louis  
(d) Length of stay: In hospital or institution 2 months, 2 days  
In this community 6 yrs.  
years, months or days 3

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town University City  
(d) Street No. 721 Zeland Aven.  
(e) If foreign born, how long in U. S. A.? 20 years.

3. (a) PRINT FULL NAME LEAH LEVINSON  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 22  
year 1940 hour 12 minute 20 P. M.  
21. I hereby certify that I attended the deceased from October 20  
1940, to December 22, 1940;  
that I last saw her alive on December 22, 1940;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Leah 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased: Unknown

Immediate cause of death: Cerebral hemorrhage  
Due to general arterio-sclerosis  
Due to 8's  
Other conditions: Residual hemiplegia  
(Include pregnancy within 3 months of death)

8. AGE: Years about 75 Months - Days - If less than one day hr. min.  
9. Birthplace: Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Home work  
11. Industry or business 7  
12. Name Abraham Doctor  
13. Birthplace Russia  
14. Maiden name Ruschat  
15. Birthplace Russia

Major findings: Of operations: 8's  
Of autopsy: \_\_\_\_\_

16. (a) Informant Sonia Cotlar  
(b) Address 721 Zeland  
17. (a) Removal (b) Date thereof 12-23-1940  
(c) Place: burial or cremation New York, N.Y.  
18. (a) Signature of funeral director Edmund L. Blahutella  
(b) Address 4469 W. Washington  
19. (a) DEC 23 1940 (b) [Signature]

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Patmore Date signed \_\_\_\_\_

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.....

*myself*  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *W. B. Penhollow*  
.....

Licensed Embalmer No. *3669*  
.....

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.**