

JAN 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42469

State File No.

Registrar's No.

Registration District No. 547

Primary Registration District No. 3029

322

64
3
4

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Seuring Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁰⁶⁴
(c) City or town Hannibal ³
(If outside city or town limits, write "RURAL") ⁴
(d) Street No. 210 South Sixth
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11-19, 1941, to 12-2, 1941;
that I last saw her alive on 12-1-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart failure
Due to Arterial Hypertension
Due to Arterio Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings: no ¹⁰²
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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) 0
Address Hannibal MO Date signed 12-2-41

3. (a) PRINT FULL NAME Esther Levy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased March 22 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 10 If less than one day hr. _____ min. _____

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name A. Levy ⁴

13. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Rosal Levy

15. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.S. Kaufman

(b) Address Salu Charles Williams

17. (a) Burial (b) Date thereof 12-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Missouri

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway Kansas

19. (a) 12/2/41 (b) M. C. Fisher
(Date received local registrar) (Registrar's signature)

488

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1954

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 James A. Moler
Licensed Embalmer No. 3296

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.