S. No. 2-
—1-4-41
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P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4624

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1991

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town University City (If outside city or town limits, write "RURAL")
(d) Street No. 6609 Clemens (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Eugene Levitt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY (Month) 28 (Day) 1920 (Year)
8. AGE: Years 22 Months 1 Days 2 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation STUDENT
11. Industry or business
FATHER 12. Name ISADOR LEVITT
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)
MOTHER 14. Maiden name CELIA GOODMAN
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)
16. (a) Informant ISADORE LEVITT
(b) Address 6609 CLEMENS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 3-1942 (Month) (Day) (Year)
(c) Place: burial or cremation CHESED SHEL EMETH CEM.
18. (a) Signature of funeral director Herman Rudakoff
(b) Address 5216 DELMAR
19. (a) MAR 9 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1942 hour 1 minute 40 p. M.
21. I hereby certify that I attended the deceased from Feb 12 1942 to March 2 1942 that I last saw him alive on March 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Supracellar	

Major findings:
Of operations Supracellar
Of autopsy Lobar Pneumonia, healing craniotomy.

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 H. M. Wilson (M. D. or other)
Address BARNES HOSPITAL Date signed 3-3-42

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.