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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8870

Primary Registration District No. 1003

Registrar's No. 2445

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5200 Block Cates Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12 000 17 9

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

(d) Street No. 5233a Cates
(If rural, give location)

(e) If foreign born, how long in U. S. A.? abt 3 yrs 0 years.

3. (a) PRINT FULL NAME Harry Levi

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or 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 ------ years

7. Birth date of deceased Dec 10. 1937
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
4	3	7	hr. min.

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

10. Usual occupation ----------

11. Industry or business

FATHER
12. Name Julius Levi
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Steffi Strauss
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Levi
(b) Address 5233 a Cates

17. (a) Burial (b) Date thereof 3/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) MAR 18 1942 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1942 hour 10 minute 35 a.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Comminuted Fracture of the Skull When he was struck by a Truck Driven by one Jessie Wilson Tucker at the mouth of a alley in rear of Clark Public School 1020 Union Blvd about 1330 am 3/17/42

Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pending
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) Accident 000
(b) Date of occurrence 3/17/42
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
(e) While at work? (e) Means of injury

23. Signature Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 3/19/42

(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 Albert W. Wappe

Licensed Embalmer No. 1861

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.