S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12828

State File No. 3670

FILED MAY 7 1942

Registration District No. 791

Primary Registration District No. 1060

Registrar's No.

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: City Hosp. #1. O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2719 McNair Av. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Levery

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Male O

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lydia Levery

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. (Month) 12, (Day) 1886 (Year)

8. AGE: Years 56 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Prairie du Rocher / Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Painter

11. Industry or business

FATHER
12. Name Michel Levery
13. Birthplace Prarie du Rocher / Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily May
15. Birthplace Perryville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lydia Levery
(b) Address 2719 McNair Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie du Rocher, Ill.

18. (a) Signature of funeral director Witt Bro. L & N Co.
(b) Address 2928 S. Jefferson Av.

19. (a) APR 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature) 944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1942 hour 13 minute 30 p. 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 Laceration of Brain and Fracture of the Skull when he fell down a area way

Due to Leading to the Basement While Painting a house at

Due to 3134 Texas Ave about 10 am 4/23/42

Duration

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) Accident

(b) Date of occurrence 4/23/42 000

(c) Where did injury occur? St. Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 24 Private Property (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coron Date signed 2/25/42

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3742

P. O. Address 2929 S. Jefferson

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.