

S. No. 2
M-5-42
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8515
State File No. _____
Registrar's No. 2930

HER APR 3 1943
REGISTRATION DISTRICT NO. 1943 318

Primary Registration District No. 1003

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

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
In this community 46 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 18 Lewis Pl
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 46 years

3. (a) PRINT FULL NAME ROSE LEVIN

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

4. Sex female / race white 5. Color or white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joe Levin 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased March 28, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Kaunas Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Max Blumenthal
13. Birthplace Lithuania
(City, town, or county) (State or foreign country)
14. Maiden name Leah Malka Neisloss
15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Levin

(b) Address 18 Lewis Pl.

17. (a) burial (b) Date thereof 3/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAR 28 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26
year 1943 hour 11 minute 4.3 A.M.

21. I hereby certify that I attended the deceased from FEBRUARY 27, 1943, to MARCH 26, 1943;
that I last saw her alive on MARCH 26, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia

Due to subsequent to post operation brain tumor (P. nerve)

Due to Met. malignancy

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations pt. nerve tumor (right)
Of autopsy as above

Duration

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? _____

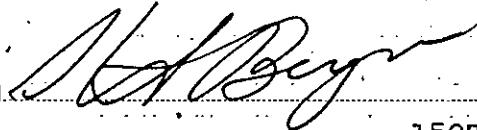
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. C. Abney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 3/26/43

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



Licensed Embalmer No. 1597

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.