

**FILED JUN 4 1943**  
Registration District No. **1.8**

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: **City Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **22 yrs**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

**Roman Levy**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **new**

4. Sex

**Male**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **000**  
(c) City or town: **St Louis** (If outside city or town limits, write "RURAL") **17**  
(d) Street No.: **3117 A EASTON** (If rural, give location) **9-13**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**  
year **1943** hour \_\_\_\_\_ minute **40** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: **Strangulation due to hanging when Deceased was found hanging by the neck from a pipe in the bathroom in ward #1 at City Sanitarium**  
Due to **May 17-43 about 10:40 AM**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **164**  
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) **Suicide**  
(b) Date of occurrence **5-17-43**  
(c) Where did injury occur? **St Louis** (City or town) **Mo** (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **City Sanitarium**  
(Specify type of place)  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

**about 37**

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

**Room 6**

10. Usual occupation: **Shoe maker**

**on heels**

11. Industry or business: \_\_\_\_\_

12. Name: **Mosha Levy**

13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

**Room 6**

14. Maiden name: **Levy**

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

**Room 6**

16. (a) Informant: **Peckler**

(b) Address: **3117 Easton**

17. (a) **Burial** (burial, cremation, or removal) (b) Date thereof: **5-17-43** (Month) (Day) (Year)

(c) Place: burial or cremation: **Chesnut Kadish**

18. (a) Signature of funeral director: **W. B. ...**

(b) Address: **4469 Washington**

19. (a) **MAY 18 1943** (Date received local health officer's report) (b) **J. J. ...** (Registrar's signature)

**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.

*Not Embalmed*

Signed \_\_\_\_\_

*W. B. Pennington*

Licensed Embalmer No. \_\_\_\_\_

*3669*

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.**