

S. No. 2
M-2-43
5-17-34
1 X35857

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30145

State File No.

Registrar's No. 7956

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

FILED SEP 17 1943 818
Registration District

Primary Registration District No. 1003

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:
4361 Westminster Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community..... abt 29 years
years, months or days)

3. (a) PRINT FULL NAME Anna Levy

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

3. (c) Social Security No. none

5. Color or race white

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 March 30 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 5 4 hr. 4 min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Tabina Levene

{ 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Sackow

(b) Address 4361 Westminster Pl

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept. 6th
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive (Jewish)

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) SEP-6 1943 (Date received local Registrar)

(b) J.F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No. 4361 Westminster Pl
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1943 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 1942 to Sept. 2 1943
that I last saw her alive on 9/2 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Duration 18 mo.

Due to.....

Due to.....

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

Major findings: Of operations Cancer of stomach

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).....

(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).....
(Specify type of place) (Means of injury)

23. Signature Louis Cohen (M. D. or other)

Address 1st St. Mo. Date signed 9/6/43

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..... *J. Allen Davis Jr.*
Licensed Embalmer No..... *4053*
P. O. Address..... *City*

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.