S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35747

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2479

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6409 Cates Ave. 1
(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 Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 6409 Cates
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Barnett Levin
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Jennette
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July (Month) 1 (Day) 1875 (Year)

8. AGE: Years 68 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Unk. (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation Retired Salesman
11. Industry or business
FATHER
12. Name Moishe Levin
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)
MOTHER
14. Maiden name Feige Zilberman
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant Morris J. Levin
(b) Address 5317 Cabanne
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Lindskopf
(b) Address 5216 Delmar
19. (a) NOV 8 - 1943 (Date received local registrar) (b) E. G. McGavran, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th year 1943 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from , 1940 to 11/6, 1943
that I last saw him alive on 11/6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion chronic myocarditis	2-3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. C. Treiman (M. D. or other)
Address 6233 Delmar Date signed 11/6/43

280
/43

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(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1943

NOV 1 2 1943

NOV 9 1943

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 Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.