

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36509

FILED DEC 8 1943
818

State File No. _____
Registrar's No. 10134

Registration District No. _____ 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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County 999
(c) City or town New York City 30
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 38 E. 85th St. NR.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Murry Levine

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Elsie H. Levine 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April 25 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 6 24 hr. min.

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER
12. Name Simon Levine
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Levine
15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie H. Levine
(b) Address 38 E. 85th-New York, N.Y.

17. (a) Removal (b) Date thereof 11-19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York, N.Y.

18. (a) Signature of funeral director Herman Kutzberg
(b) Address 5216 Delmar Blvd.

19. (a) NOV 19 1943 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1943 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from October 21, 1943, to November 19, 1943;

that I last saw him alive on November 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung Duration _____

Due to _____

Due to _____

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of lung PHYSICIAN _____

Of autopsy No autopsy 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 Charles C. Lobkott (M. D. or other) _____
Address BARNES HOSPITAL Date signed 11/19/43

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

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 *William J. Lyons*.....

Licensed Embalmer No. *4319*.....

P. O. Address *St. Louis, Mo.*.....

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.