

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1824 Ashland Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
 In this community 67 years 3 months 5 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1824 Ashland Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Elias Levy
 3. (c) Social Security No. None
 3. (b) If veteran, name war No

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Blanche Levy 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased November 23 1879
 (Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 5
 If less than one day hr. _____ min. _____

9. Birthplace St. Joseph Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Fry-Fyter Company

11. Industry or business For Self

MOTHER FATHER {
 12. Name Gustav Levy
 13. Birthplace Unknown France
 (City, town, or county) (State or foreign country)
 14. Maiden name Fannie Houser
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Blanche Levy
 (b) Address 1824 Ashland Ave. St. Joseph, Mo

17. (a) Burial (b) Date thereof 3/1/1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Adath Joseph, Cemetery

18. (a) Signature of funeral director Halter Meischoff
 (b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 3-1-44 (b) Arce Hagg
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 28th.
 year 1944 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from Nov 3
1942 to Feb 28, 1944.
 that I last saw him alive on Feb 27, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Insufficiency Duration unknown

Due to Chronic Hypertension 5

Due to _____

Other conditions (include pregnancy within 3 months of death)
9322

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of 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 5

23. Signature Gustav H. Han (M. D. or other) MD

Address Unkpatrick Bldg. St. Joseph Mo. Date signed 2/28/44

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 *Albert C. Harrington*.....

Licensed Embalmer No.....3258...Missouri.....

P. O. Address St. Joseph, Missouri.....

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.