

FILED NOV 30 1944

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36116

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9956

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 5
(d) Street No. 6024 Suburban (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Harry Levin

(b) If veteran, name war no

(c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Celia Levin 6. (c) Age of husband or wife if alive 10, 1876 years
7. Birth date of deceased Nov. (Month) 10, 1876 (Day) (Year)

8. AGE: Years 68 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation Collector

11. Industry or business Newspaper

MOTHER FATHER

12. Name Ben Kushersky

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

14. Maiden name Sarah (unk.)

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

16. (a) Informant Mrs. Frances Kessler

(b) Address 5951 Mc. Pherson

17. (a) Burial (b) Date thereof 11/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (c) Signature of funeral director Berger Memorial

(b) Address 4715 Mc. Pherson

19. (a) NOV 24 1944 (Date received local registrar) J. F. Briedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 12 to Nov. 21, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of stomach
gastro-intestinal bleeding Duration 10 days

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

Major findings: Of operations.....
Of autopsy as above

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?

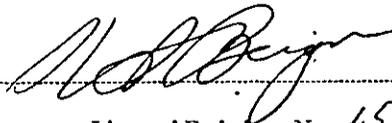
While at work (Specify type of place) (e) Means of injury.....
23. Signature David Friedman (M. D. or other) MD
Address Jewish Hospital Date signed 11/27/44

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.....



Licensed Embalmer No. 1577

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.