

S. No. 2
DM-2-43
v. 5-17-39
I X35679

18960
State File No. 5049
Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1945
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1342 Blackstone
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
In this community 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fannie Levinson
(b) If veteran, name war no
(c) Social Security number none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
7. Birth date of deceased Max September 24, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 12
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Susman Druzinsky

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

14. Maiden name Rebecca Elman
(City, town, or county) (State or foreign country)

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

16. (a) Informant E.R. Levinson
(b) Address Overland, Missouri

17. (a) burial (b) Date thereof 6-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue

19. (a) JUN 7 1945 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 011
(c) City or town St. Louis 17 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1342 Blackstone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1945 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 6, 1945
that I last saw her alive on June 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocardite
Due to 6yr

Due to: Atherosclerosis
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 930
Of autopsy: none
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?

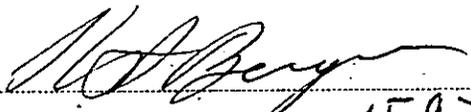
While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Bredack (M. D. or other)
Address Overland, Mo. Date signed 6-7-45

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.....

1597

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.