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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18961

State File No.

Registration District No. 318

Primary Registration District No. 3003

Registrar's No. 5514

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 (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 704 Interdrive
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pauline Bertha Levy

3. (b) If veteran, name war no

3. (c) Social Security No. vno

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Alexander Levy

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 2 (Day), 1876 (Year)

8. AGE: Years 69 Months 5[illegible] Days 22 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Wolf Hoffman
13. Birthplace (City, town, or county) Lithuania (State or foreign country)

MOTHER
14. Maiden name Mary (UNK)
15. Birthplace (City, town, or county) Lithuania (State or foreign country)

16. (a) Informant Tamen Levy
(b) Address 740 Interdrive

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham. Hag.

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

19. (a) JUN 25 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1945 hour 11:05 minute P. M.

21. I hereby certify that I attended the deceased from June 21, 1945 to June 24, 1945; that I last saw her alive on June 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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 Nathan Gilsley (M. D. or other)

Address 2739 N Grand Ave Date signed 6/10/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.