. S. No. 2
00M—2-43
ev. 5-17-39
I X35597

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

96
2
3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31467

FILED SEP 29 1945

Registration District No. 217

Primary Registration District No. 3063

Registrar's No. 2257

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
32 Crestwood Drive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. # 32 Crestwood Drive 2
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Gussie J. Levy

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female/

5. Color or race White

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

6. (b) Name of husband or wife Alfred J. Levy

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan. (Month) 15 (Day) 1866 (Year)

8. AGE: Years 79 | Months 8 | Days 6 | If less than one day ____ hr. ____ min.

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

10. Usual occupation At home

11. Industry or business ____

FATHER
12. Name Moses Jacobs
13. Birthplace Kohnar (City, town, or county) Prussia (State or foreign country)

MOTHER
14. Maiden name Caroline Jacks
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Moe Levy
(b) Address # 85 Arundel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) 9-24-45 (Date received local registrar) (b) E. G. McGovran MD (Registrar's signature) MSG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1945 hour 4 minute 40P M.

21. I hereby certify that I attended the deceased from August 1940, to Sept. 21, 1945 that I last saw her alive on Sept 21, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Arteriosclerotic Heart Disease	7 yrs
Due to Hypertension	
Due to 936	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Herman M. Meyer (M. D. or other) M.D.

Address 508 N. Grand Date signed 9/23/45

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 1946

NOV 27 1945

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 H E Burgess

Licensed Embalmer No. 4029

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.