

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35543

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9924

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

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 40 years
years, months or days)

3. (a) PRINT FULL NAME Celia Levin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Harry Levin

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

7. Birth date of deceased October 10, 1880
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>65</u> | <u>1</u> | <u>5</u> | hr. min. |

9. Birthplace Cherzon U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Moses Solomon Greenblatt.

13. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Kessler

(b) Address 5951 McPherson Avenue

17. (a) burial (b) Date thereof 11-16-45
(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) NOV 16 1945 (b) J. F. Bredek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6024 Suburban
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1945 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from 10-18, 1945, to 11-14, 1945
that I last saw her alive on 11 pm, 11/14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Subarachnoid Hemorrhage, Uremia

Due to hypertension, gen. arteriosclerosis;

Due to arteriosclerosis C.V. Sys.

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

Duration

Major findings:
Of operations.....

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) (c) Means of injury.....

23. Signature M. E. Baron (M. D. or other)
Address Minority Club Bldg Date signed 11/15/45

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.