

U. S. No. 2
FORM-5-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42516**

Registrar's No. **2939**

FILED DEC 29 1945

Registration District No. _____

Primary Registration District No. **2002**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
776 Harvard Ave.
(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

3. (a) PRINT FULL NAME **Ida Levin Smith**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Female**, Color or race **White**

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

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

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

7. Birth date of deceased: **unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 43 hr. min.

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

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER

12. Name **Nathan Levin**

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

14. Maiden name **Mary**

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

16. (a) Informant **Charlotte Smith**

(b) Address **776 Harvard**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-28-1945**
(Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth Cen.**

18. (a) Signature of funeral director **H. Rindskopf**

(b) Address **5216 Delmar Blvd.**

19. (a) **12-28-45** (Date received local registrar) (b) **E. H. Gans** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **776 Harvard**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **27** year **1945** hour **early AM**

21. I hereby certify that I attended the deceased from **Dec 15**, 19**45**, to **Dec 25**, 19**45**, that I last saw her alive on **12/25**, 19**45**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis (unspecified)**

Due to..... **93h**

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy **no**

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)

23. Signature **J. A. Rogers** (M. D. or other) Date signed **12/27/45**

Address **6693 Delmar**

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1946

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.....

J. B. 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.