

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Lutheran 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 18 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3239 California
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Thomas Gary Levene

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced newborn
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 21, 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 18 hr. _____ min.

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

10. Usual occupation newborn

11. Industry or business _____

MOTHER FATHER

12. Name Millard T. Levene

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

14. Maiden name Dorothy A. Roehn

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

16. (a) Informant J. Wandlandt, R.N.
 (b) Address Lutheran Hospital

17. (a) Burial (b) Date thereof 1-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Raymond Brothers
 (b) Address 380 S. Swanson St. Oakland

19. (a) JAN 22 1946 (b) J. J. Bredech
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
 year 1946 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 1-21, 1946, to 1-21, 1946
 that I last saw him alive on 1-21 5:45 P.M., 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital heart disease - life
 Due to _____
 Due to _____
 Other conditions: 151
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy Patent ductus arteriosus
Patent foramen ovale

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 Clarence H. Schulz (M. D. or other)
 Address Lutheran Hospital Date signed 1-22-46

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

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..... *Over L Mueller*.....
Licensed Embalmer No. *3039*.....
P. O. Address: *Overland mo*.....

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.