V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17521

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1946

State File No. 18643

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4148

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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis '96

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

(d) Street No. 9821 Clayton Rd. N R
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAURICE LEVINSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 18 (Day) 1894 (Year)

8. AGE: Years 51 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business General Mdse.

FATHER
12. Name Max Levinson
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Fannie Druzinski
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Dora Schneider
(b) Address 9821 Clayton Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

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

19. (a) MAY 7 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Mar. 30, 1946, to May 6, 1946
that I last saw him alive on May 6, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of prostate	6 mo +
" " liver	
Due to lungs (metastases)	
Due to Secondary anemia	3 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

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 Llewellyn Sali (M. D. or other)
Address 4500 Olive Date signed 5/7/46

(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.....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.