V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18641 4147

Registration District No. 318

Primary Registration District No. 1002

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: Jewish Hospital d
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12 17

(d) Street No. 5370 Pershing (If rural, give location) 9 0

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

If yes, name country

3. (a) PRINT FULL NAME Emma 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 Single

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 About 76 Months Days 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 Mathias Levy

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Babette Cook

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Paul Levy

(b) Address Butler, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

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

(b) Address 5316 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 7 year 1946 hour 07 minute 20 A.M.

21. I hereby certify that I attended the deceased from 19 21 to May 7 1946 that I last saw him alive on May 7 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	3 mo +
Primary Carcinoma of breast	3-4 mo
Due to: Coronary artery heart dis	yrs.
Hemorrhage, gastrect	days
Secondary anemia	weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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 (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.