. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11187

State File No. 2965

Registration District No. 318 Primary Registration District No. 1003 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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 979

(c) City or town Alton 11
(If outside city or town limits, write "RURAL")

(d) Street No. 621 E. Fifteenth St. NR 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Charles Parker Levis

3. (b) If veteran, name war World War 1

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 16 (Day) 1888 (Year)

8. AGE: Years 58 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business Glass Factory

FATHER
12. Name Charles Levis
13. Birthplace Alton (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Hattie Parker
15. Birthplace Alton (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Dorothy Burns
(b) Address Alton, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20, 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Alton, Illinois

18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) MAR 20 1947 (Date received local registrar) (b) J. F. Bredach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1947 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 15th, 1947, to March 18, 1947;
that I last saw him alive on March 18th, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	7 yrs
Due to: Diabetes Mellitus	7 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

61

Major findings:
Of operations
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 0

23. Signature Alphonse McMahon (M. D. ~~or other~~)
Address 806 Missouri Theat. Bldg. Date signed 3-20-47

(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.....

Robert H. Streeper, Registered Apprentice No.....,

working under my personal supervision.

Signed Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.