

FILED MAY 14 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4479**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **216 S. Kingshighway 0**
(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 **ROBERT LEVY**

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 **Married**

6. (b) Name of husband or wife **Lena Levy** 6. (c) Age of husband or wife if alive **37** years

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

8. AGE: Years **About 39** Months Days If less than one day hr. min.

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

10. Usual occupation **Merchant**

11. Industry or business

12. Name **Moses Levy**

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

14. Maiden name **Sarah Frankel**

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

16. (a) Informant **Mrs. Robert Levy**
(b) Address **1957 Alfred Ave.**

17. (a) **Burial** (b) Date thereof **5-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **B'nai Amoona Cem.**

18. (a) Signature of funeral director **Perman Burial Co.**
(b) Address **5216 Delmar Blvd**

19. (a) **MAY 3 1947** (b) **J. F. Brackner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17 17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **1957 Alfred Ave.** **6**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May 11** day **1**
year **1947** hour **1** minute **46** A.M.

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

Immediate cause of death **Compound fracture of skull 2" from injury with no puncture from the roof of the cavity on the roof of the cavity which led to the cerebellum around 146 A.M. May 1, 1947**
Duration

Due to **Stroke**
Due to **stroke**
Other conditions (Include pregnancy within 3 months of death) **1/64**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide **Suicide**
(b) Date of occurrence **May 1, 1947**

(c) Where did injury occur? **2nd floor in hospital**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **hospital**

While at work? (Specify type of place) (e) Means of injury **Q. stroke**

23. Signature **Patrick E. Taylor** (M.D. or other) **3**
Address **Deputy Coroner** Date signed **5-2-47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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 _____

J. P. 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.