

FILED DEC 31 1947

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2642**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town University City
Rural: Airport township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 1/4 months
(Specify whether years, months or days)

In this community 38 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

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

(d) Street No. 7146a Dartmouth
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva Levy

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Susman E.

6. (c) Age of husband or wife if alive 1870 years

7. Birth date of deceased: about (Month) (Day) (Year)

8. AGE: Years Ab 70 Months Days If less than one day
hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Moses Levy

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

14. Maiden name Gitel (Unk)

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

16. (a) Informant Louis R. Levy

(b) Address 732 Pennsylvania

17. (a) Burial (b) Date thereof 12/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc Phedson Ave.

19. (a) 12-21-47 (b) Beulah Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1947 hour ten minute 10 A.M.

21. I hereby certify that I attended the deceased from March 14
1947 to December 20 1947
that I last saw h. alive on December 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension and arteriosclerotic heart disease.

Duration about 5 years.

Due to _____

Due to 932

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature Beulah Sharp (M. D. or other) _____

Address JEWISH SANATORIUM Date signed 12/20/47

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: *Felix J. Ludwig*

Licensed Embalmer No. *4229*

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.