No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 618

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6645

Registrar's No. 1999

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:
1323a Aubert
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1323a Aubert
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Isabella LeVey
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Walter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 20 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	2	6	hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Self
FATHER
12. Name John Vernon
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rev. George Easton
(b) Address 1210 Locust St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Wesleyan Cemetery
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) FEB 27 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 26 year 1948 hour 4 minute 00 A M.
21. I hereby certify that I attended the deceased from 3-12-47, 19, to 2-24, 1948, that I last saw her alive on 2-24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular hemorrhage	5 hrs
Due to	
Due to Hypertension	9
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Harry A. Reich (M. D.)
Address 5413 S. Kingshighway Date signed 3/27/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Reich
5641a So. Kings

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 Albert Mayfield

Licensed Embalmer No. 3077

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.