

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17766

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5099**

1. PLACE OF DEATH:

(a) County **S**

(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. Anthony's
(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 **Walter Levandowski**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male** 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: **May** 8 **1948**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	24	hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER {

12. Name **Albert Levandowski**

13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Simon**

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

16. (a) Informant **Albert Levandowski**

(b) Address **8022 Ivory**

17. (a) **Burial** (b) Date thereof **June 2, 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mattesee, Mo.**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **JUN 3 1948** **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **8022 Ivory**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1st**
year **1948** hour **9** minute **104** M.

21. I hereby certify that I attended the deceased from **May 8 1948** to **June 1 1948**

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Aspiration**

Due to **Premature Birth**

Due to _____

Other conditions **159**
(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 **P. Wagner** (M. D. or other) _____
Address **4755 Morgan Rd** Date signed **6/1/48**

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

W. W. Wagenbach
4735 Marguerite
New 1535
4 PM

6609

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.