

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No.

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

27948

Registrar's No.

7401

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: JEWISH HOSPITAL
(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

ISADORE LEVITT

3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex MALE
race WH.

5. Color or

race WH.

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

6. (b) Name of husband or wife.....
CELIA LEVITT

6. (c) Age of husband or wife if
alive 58 years

7. Birth date of deceased.....
UNKNOWN

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

abt-62

hr.

min.

9. Birthplace

RUSSIA

(City, town, or county)

(State or foreign country)

10. Usual occupation INSURANCE SALESMAN

11. Industry or business

12. Name EUGENE LEVITT

13. Birthplace

RUSSIA

(State or foreign country)

14. Maiden name

UNKNOWN

15. Birthplace

RUSSIA

(State or foreign country)

16. (a) Informant DR. H. Schreiber

(b) Address 609 WEST 94TH

17. (a) BURIAL

(b) Date thereof 8-23-1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation CHESED-SHELETH

18. (a) Signature of funeral director Heriman Rindskopf

(b) Address 5216 Delmar

19. (a) AUG 24 1948

(b)

J. J. Meehan

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 609 CHEMENS 1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 22
year 1948 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from July 28
1948 to Aug 21 1948
that I last saw him alive on Aug 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Edema,

Duration

36 hrs.

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Parkinson's Disease

Of autopsy Cerebral edema

Post-operative

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.....

23. Signature Heriman M. Meyer (M. D. or other) MD

Address 508 N. Grand

Date signed 8/23/48

WRITE PLAINLY—USE 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.....

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.