

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED SEP 12 1949**

State File No. **28289**  
Registrar's No. **7654**

**318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7654</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>5732 LABADIE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) _____ c. (Last) <b>LEVIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 2 1949</b>						
5. SEX <b>M</b>		6. COLOR OF RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>UNKNOWN</b>			
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOES RETAIL</b>		11. BIRTHPLACE (State or foreign country) <b>POLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>ELI LEVIN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MARY LEVIN</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MORRIS LEVIN</b>		ADDRESS <b>5820 TERRY</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma left pelvis</b>				b. <b>Secondary Lung. Primary Unknown.</b>					
ANTECEDENT CAUSES				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) _____				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>8-6-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Needle Biopsy - Metastatic Carcinoma.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>55 MO</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1998</b>					
22. I hereby certify that I attended the deceased from <b>8-2</b> , 19 <b>49</b> , to <b>9-2</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>9-2</b> , 19 <b>49</b> , and that death occurred at <b>10:20 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Fred Reynolds M.D.</b>				23b. ADDRESS <b>St. Louis Mo</b>		23c. DATE SIGNED <b>9-2-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9/6/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HEVRE KEDISHA</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>			
DATE REC'D BY LOCAL REG. <b>SEP 4 1949</b>		REGISTRAR'S SIGNATURE <b>G. J. Wasaker</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BERGER MEMORIAL 4715 McPHERSON</b>					

(Licensed Embalmer's Statement on Reverse Side)

ONLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10-48

No. 300

10-48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4557

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.