

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6448

State File No.

BIRTH NO. 11072-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1193

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> <u>4457</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAN CT LOUIS MATERNITY</u>			d. STREET ADDRESS (If rural, give location) <u>7535 OXFORD DRIVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Levitch</u> c. (Last) <u>Levitch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1950</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (1)</u>	8. DATE OF BIRTH <u>JAN 28, 1950</u>		9. AGE (In years last birthday) <u>1</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 15 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u> <u>8</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAM NMN LEVITCH</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN MAY FISHMAN</u>		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <u>ST. LOUIS MATERNITY HOSPITAL</u>		ADDRESS				

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>716X</u>	
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?	

22. I hereby certify that I attended the deceased from Jan 28, 1950, to Jan 28, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William M. Allen M.D.</u>		23b. ADDRESS <u>630 So. Kingshighway St. Louis Mo</u>		23c. DATE SIGNED <u>Feb 3, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>No final burial</u>		24b. DATE <u>FEB 7 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL HOME OR OTHER SIGNATURE ADDRESS <u>Rowland Service - 4104 Manchester</u>			

DATE REC'D BY LOCAL REG. <u>FEB 7 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Farster</u>		25. FUNERAL HOME OR OTHER SIGNATURE ADDRESS <u>Rowland Service - 4104 Manchester</u>	
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

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.