

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35042
Registrar's No. 8417

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JEWISH Hosp.		e. STREET ADDRESS (If rural, give location) 5 5651 Maple	

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) c. (Last) LEVITT		4. DATE OF DEATH (Month) (Day) (Year) OCT. 5, 1950	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1890
9. AGE (In years last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) New York N.Y.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Julius Witkin		13b. MOTHER'S MAIDEN NAME Libby (unk)		14. NAME OF HUSBAND OR WIFE Philip	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philip Levitt 5651 Maple	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH many months	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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? 581.0	

22. I hereby certify that I attended the deceased from Sept 25, 1950, to Oct 5, 1950, that I last saw the deceased alive on Oct. 5, 1950, and that death occurred at 8:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE Barrett L. Taussig (Degree or title) M.D.		23b. ADDRESS 4500 Olive St. Louis		23c. DATE SIGNED Oct 6	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/6/50		24c. NAME OF CEMETERY OR CREMATORY Dead End Smith		24d. LOCATION (City, town or county) (State) University City Mo.	
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DATE REC'D BY LOCAL REG. OCT 6 1950		REGISTRAR'S SIGNATURE J. B. Sarator		25. FUNERAL DIRECTOR'S SIGNATURE (Name) Address Berger Memorial 4715 Parkview	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mick

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Quinn J. Quiring

Licensed Embalmer No. *4829*

Signed.....

Student Embalmer

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.