S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26760

BIRTH NO. FILED JUL 31 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1979

1. PLACE OF DEATH
a. COUNTY St Louis Mo 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY 2279

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Airport Township
c. LENGTH OF STAY (in this place) UNKNOWN 24
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JEWISH SANATORIUM
d. STREET ADDRESS (If rural, give location) 2001A UTAH

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) c. (Last) LEVIN
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 10, 1879
9. AGE (In years last birthday) at 34 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife At home
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) USSR 6
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNK Elkin
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE Joel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Michael Levin ADDRESS 6043 Pershing

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant melanoma of the rectum — INTERVAL BETWEEN ONSET AND DEATH 10½ months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 154X
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Hypertension; cerebral arteriosclerosis — 8 year
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10.13.51
19b. MAJOR FINDINGS OF OPERATION Biopsy from the rectum: malignant melanoma
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 22, 1951, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

23a. SIGNATURE Arlig Simon M.D. (Degree or title) 0
23b. ADDRESS Jewish Sanatorium Fee Fee Road, Robertson, Mo.
23c. DATE SIGNED 7/23 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/24/52
24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrush Hagodol
24d. LOCATION (City, town, or county) (State) Ladue Mo

DATE REC'D BY LOCAL REG. 23 July 52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4115 Wellington

(Licensed Embalmer's Statement on Reverse Side)

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.