

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32688**

XC 1074 07 20

REG# 117678

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2008

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>NORMANDY</b> #17	
c. LENGTH OF STAY (in this place) <b>58 DAYS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>7208 Burwood</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Solmon</b>	b. (Middle) <b>(NMT)</b>	c. (Last) <b>Levy</b>	4. DATE OF DEATH	(Month) <b>8</b>	(Day) <b>18</b>	(Year) <b>54</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-21-93</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SELF-EMPLOYED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MERCHANT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JACOB LEVY</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH (UNKNOWN)</b>	14. NAME OF HUSBAND OR WIFE <b>LILLIAN LEVY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>	16. SOCIAL SECURITY NO. <b>488 01 7288</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF MEDIASTINUM WITH METASTASIS TO THE BRAIN</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>RIGHT HEMIPLEGIA</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 6-21, 1954, to 8-18, 1954, ~~which was the date of death~~ and that death occurred at 12:20A m., from the causes and on the date stated above.

23a. SIGNATURE <b>John Jusionis, M.D.</b>	23b. ADDRESS <b>VAH, JEFF BRKS, MO.</b>	23c. DATE SIGNED <b>8-18-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/20/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem St. Louis County, Missouri</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>8-19-54</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Dombek, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindskopf, Inc., 5216 Delmar Bl</b>	ADDRESS
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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..... Signature of Student Embalmer

Signed *Arthur B. Dubrow*

Licensed Embalmer No. *16*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.