

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6300

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1134**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5 5662 Waterman Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMANUEL</b>		b. (Middle)		c. (Last) <b>LEVY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7, 1955</b>	
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>Aug. 20, 1877</b>	
9. AGE (In years last birthday) <b>77</b>		if UNDER 1 YEAR Months <b>5</b> Days		if UNDER 24 HRS. Hours <b>18</b> Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>New Orleans, La.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Millinery</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jacques Levy</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Levy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NUMBER <b>488 16 8916</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. Levy - 5662 Waterman Ave.</b>		ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery sclerosis</b> DUE TO (c) <b>Chr. Arterial Hypertension</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? <b>4201</b>	

22. I hereby certify that I attended the deceased from <b>Feb 4, 1955</b> , to <b>Feb 7, 1955</b> , that I last saw the deceased alive on <b>Feb 6, 1955</b> , and that death occurred at <b>2:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Herman E. Cook M.D.</b>		23b. ADDRESS <b>4409 W. Pine</b>	
23c. DATE SIGNED <b>2/7/55</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>2/8/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindskopf, Inc., 5216 Delmar Bl.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 7 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	

S.P. (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.....  
Signature of Student Embalmer

Signed.....  
*Peter B. Dubouille*

Licensed Embalmer No. *769*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.