

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
24029
5435
Registrar's No.

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN UNIVERSITY CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: DEACONESS HOSPITAL		e. STREET ADDRESS (If rural, give location) 8031 APPLETON DR.	

3. NAME OF DECEASED (Type or Print) HARRY LEVIN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 21, 1955		
a. (First)	b. (Middle)	c. (Last)			

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 15-1892	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Days	11. UNDER 1 Mo. Hours	12. UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR	10b. KIND OF BUSINESS OR INDUSTRY TAILORING	11. BIRTHPLACE (City and State or Foreign Country) RUSSIA	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JOE LEVIN	13b. MOTHER'S MAIDEN NAME SARAH ESTHER IMBER	14. NAME OF HUSBAND OR WIFE ANNA LEVIN
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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) NO.	16. SOCIAL SECURITY NO. 523-05-0214	17. INFORMANT'S SIGNATURE OR NAME MRS. ANNA LEVIN	ADDRESS 8031 APPLETON DR.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) = CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
	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. CARCINOMA LEFT KIDNEY		6 Mo.

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) (M.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
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22. I hereby certify that I attended the deceased from 12-13, 1954, to 6-21, 1955, that I last saw the deceased alive on 6-21-55, 1955, and that death occurred at 10:08 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert E. Koch</i>	(Degree or title) M.D.	23b. ADDRESS 35 N. Central	23c. DATE SIGNED 6-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6/23/55	24c. NAME OF CEMETERY OR CREMATORY CHEVRA KADISHA CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.
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DATE REC'D BY LOCAL REG. JUN 23 1955	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN RINDSKOPF INC.	ADDRESS 5216 DELMAR BL.
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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.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 3880

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