Health, Welfare Public Service

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securing the medical certification in the specific manner required by the Division of Health. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10615

FILED MAR 27 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2236

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital — Length of stay in 1b: 0 2 14 15

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4827 Nebraska Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ABRAHAM Middle 0 Last LEVIK
4. DATE OF DEATH: MARCH 5th, 1957
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH: June 1, 1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Ladies Wear
11. BIRTHPLACE (City and state or country): Russia 6
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNK.
14. MOTHER'S MAIDEN NAME: UNK.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): UNK. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK.
17. INFORMANT: Doris Levik Address: 4827 Nebraska Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Acute pyelonephritis 493X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2 March '57, to 5 March '57 and last saw her/him alive on 4 Mar '57
Death occurred at 1845 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J Demmigloff (Degree or title) MD 0
22b. ADDRESS: 216 So. Kingshighway
22c. DATE SIGNED: 5 March

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/8/57
23c. NAME OF CEMETERY OR CREMATORY: B'Nai Amoona Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County Missouri

24. FUNERAL DIRECTOR: Herman Rindskopf Inc. ADDRESS: 5216 Delmar
25. DATE REC'D. BY LOCAL REG.: MAR 6 '57
26. REGISTRAR'S SIGNATURE: Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 36

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.