THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1959

59-015311

STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4251

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN University City 4346 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital — Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) 7335 Tulane — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: William	Middle:	Last: Leve	4. DATE OF DEATH Month Day Year: Apr. 28, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: June 15, 1886
9. AGE (In years last birthday): 72	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): Plumbing Supplies	10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Supplies	11. BIRTHPLACE (City and state or country): New York, N.Y.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Isaac Levy	13b. MOTHER'S MAIDEN NAME: Yetta (Unknown)	14. NAME OF HUSBAND OR WIFE: Bessie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1904- 1908	16. SOCIAL SECURITY NO.	17. INFORMANT Address: Bessie Leve 7335 Tulane Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolus	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	6 months
DUE TO (c)	Arteriosclerotic Heart Disease	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 March, 1958, to April 28, 1959 and last saw her/him alive on April 27, 1959. Death occurred at 3 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alvin S. Wenneker M.D.	22b. ADDRESS: 950 Francis Place	22c. DATE SIGNED: 4/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.	23b. DATE: 5/1/59	23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth
23d. LOCATION (City, town, or county) (State): University City, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson	25. DATE RECD. BY LOCAL REG.: APR 30 '59	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3988

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.