

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023139
STATE FILE NUMBER

2 4686

FILED JUN 19 1959

Registration District No. Primary Registration District No. Register No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Olivette 4050	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS #3 Bon Hills Drive	
3. NAME OF DECEASED (Type or print) First MARY Middle FORMAN Last LEVY		4. DATE OF DEATH Month May Day 13 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 12, 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		9. AGE (In years last birthday) 74	10. KIND OF BUSINESS OR INDUSTRY
10a. FATHER'S NAME Ely Forman		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME Unknown	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Alvin Levy-#3 Bon Hills Drive	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis			16 years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X
20c. TIME OF INJURY Hour 12:05 P Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6.23.42 to 5.13.59 and last saw her alive on 5.12.59 Death occurred at 12:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Fray H. Steinlag, M.D.		22b. ADDRESS 216 So. Kingshighway	22c. DATE SIGNED 5/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/14/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar		25. DATE RECD. BY LOCAL REG. MAY 14 '59	26. REGISTERAR'S SIGNATURE Loan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

death, welfare, public service, 300, -56, 5, 050, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

mbs

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 *W. J. Beaulieu*
.....

Licensed Embalmer No. *36*

P. O. Address *Home*

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.