ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

-61-047873

STATE FILE NUMBER

AMENDED

FILED JAN 19 1962

Registration District No. 1967 Primary Registration District No. 500 Registrar's No. 3742

DATE AMENDED 9

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b: 13 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Edgewood Retreat San't — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 275 N. Union — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: NAOMI — Middle: LEVY — Last:

4. DATE OF DEATH: Month 12/27/61 Day Year

5. SEX: female

6. COLOR OR RACE: W.

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/11/69

9. AGE (last birthday): 92 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country):

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOSEPH D. LEVY

13b. MOTHER'S MAIDEN NAME: Mathilda Steinau

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Adele Harris — Address: 7437 Cromwell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 1951 to 12/27/61 and last saw her alive on 12/12/61
Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herman M. Meyer M.D.

22b. ADDRESS: 4409 West Pine

22c. DATE SIGNED: 12/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 12/29/61

23c. NAME OF CEMETERY OR CREMATORY: Mt. Sinai

23d. LOCATION (City, town, or county): 8400 Gravois Ave — (State) Mo.

24. FUNERAL DIRECTOR: MAYER — ADDRESS: 4356 Lindell Blvd

25. DATE RECD. BY LOCAL REG.: 12-29-61

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elmo R. Sadwell

Licensed Embalmer No. 4077

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.