MAR 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10124

1. PLACE OF DEATH
County: St Louis
Township: Outer
City: Clayton (No. ..... St. ..... Ward)

Registration District No. 790
Primary Registration District No. 6033

File No.
Registered No.

2. FULL NAME: Louis Levin

(a) Residence. No. 6379a Clayton St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	wid.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva Adler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 1, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	6	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Real estate
(b) General nature of industry, business, or establishment in which employed (or employer): dealer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown

14. INFORMANT: Samuel Levin
(Address): 6379a Clayton

15. FILED: May 10, 1930 K. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 9 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at 9 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. myocarditis
9 yr
97
11 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Mass abscess
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) John O. Sander, M.D.
March 9, 1930 (Address) Town of St Louis County

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olive — DATE OF BURIAL: 3-11 1930

20. UNDERTAKER: Mayer — ADDRESS: 4336 Lindell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.