

JUL 28 1938

REC'D AUG 9 1938

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

26447
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis
 (b) Township Clayton
 (c) City Clayton
 (d) Street No. St. Louis County Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BENJAMIN Levin
 (a) Residence, No. 6541 JULIAN, Wellston, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 8 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MACHINIST
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
 13. NAME JAKE LEVIN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R

MOTHER
 15. MAIDEN NAME ROSE BESSER
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R

17. INFORMANT father, Jake Levin
 (ADDRESS) 6541 Julian, Wellston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Beth Ham Hag DATE 7/29/38

19. FUNERAL DIRECTOR H.B. Berger
 (ADDRESS) 4715 McPherson

20. FILED JUL 28 1938 G.R. Meyers Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/2/38 to 7/28/38, 1938
 I last saw im alive on 7/28/38, 1938. Death is said to have occurred on the date stated above, at 12:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Left temporal lobe brain tumor
Unqualified 55 A
 Date of onset 4 weeks

Other contributory causes of importance:

Name of operation at St. Mary's Hosp.? Date of 2 mos ago
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1938
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) a. a. Bremer, M. D.
 (Address) St. Louis Co. Hosp.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)