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FILED JAN 24 1949, 7

State File No. _____

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. 2935

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence; 6531 Julian Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6531 Julian Ave., 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE E. LEVIN.

3. (b) If veteran, name war No

3. (c) Social Security No. 489-05-6278

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1948 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Philip E. Levin. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 14 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____ 19 _____
Died without medical attention
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

41 6 7 hr. _____ min. _____

Immediate cause of death _____
Cause unknown

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Due to _____
Due to 2000

10. Usual occupation Formerly with personell of

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business Western Union .

Major findings:
Of operations _____

12. Name Louis C. Westlake.

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace Phelps Co, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Jolley.

15. Birthplace Crawford Co, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Philip E. Levin.

(b) Address 502 Kingsland Ave., U. City, Mo.

17. (a) removal (b) Date thereof Dec. 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Missouri.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) 12-24-48 (b) Harold V. Springer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harold V. Springer M.D. (M. D. or other) _____

Address _____ Date signed 12-24-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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 this body is not embalmed, fact should be so stated above.