S. No. 300
Rev. 10.48

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

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14398

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3847

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS
c. LENGTH OF STAY (In this place): 46yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: ST. LOUIS 2099
d. STREET ADDRESS (If rural, give location): 1438 E GRAND 0

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle):
c. (Last): LEVIN

4. DATE OF DEATH (Month) (Day) (Year): APR 21 1951

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: MAR 25, 1873
9. AGE (In years last birthday): 78 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CABINET MAKER
10b. KIND OF BUSINESS OR INDUSTRY: FIXTURE
11. BIRTHPLACE (State or foreign country): USSR 6
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: MORRIS LEVIN
13b. MOTHER'S MAIDEN NAME: FAYA (UNK)
14. NAME OF HUSBAND OR WIFE: SHAINDEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-07-1560A
17. INFORMANT'S SIGNATURE OR NAME: MRS ROSE ZAIDENBERG
ADDRESS: 5832 Kennerly

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — years
DUE TO (c) Arteriosclerotic Cardiovascular Disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? NATURAL

22. *I hereby certify that I attended the deceased from* 4/20, 1951, *to* 4/21, 1951, *that I last saw the deceased alive on* 4/21, 1951, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Aaron Bronbaum M.D.
23b. ADDRESS: 216 S. Kingshighway
23c. DATE SIGNED: 4/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4/25/51
24c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State): University City Mo

DATE REC'D BY LOCAL REG. APR 24 1951
REGISTRAR'S SIGNATURE: J. B. Lacaster
25. FUNERAL DIRECTOR'S SIGNATURE: Berger Memorial
ADDRESS: 4716 McPherson Av

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 4229

P. O. Address.....

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.