

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

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

996

Registrar's No.

996

Registration District No.

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(c) Name of hospital or institution: **3919a Labadie 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)

3. (a) PRINT FULL NAME..... **Cora Levelsmier**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... **Female** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Widowed**  
6. (b) Name of husband or wife..... **Joseph Levelsmier** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **Oct. 29 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69 2 2** hr. min.

9. Birthplace..... **Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Unknown Hagler**  
13. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Rebecca McIntyre**  
15. Birthplace..... **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Frieda Wepfer**  
(b) Address..... **3919a Labadie Ave.**

17. (a) **Burial** (b) Date thereof..... **1-31-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Valhalla Cem.**

18. (a) Signature of funeral director..... **Drehmann-Harral**  
(b) Address..... **1965 Union Blvd.**

19. (a) **JAN 30 1941** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **100**  
(c) City or town..... **St. Louis** **1017**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **3919a Labadie Ave.** **9**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan.** day..... **28**  
year..... **1941** hour..... **10** minute..... **15** A. M.

21. I hereby certify that I attended the deceased from..... **Jan. 28** to..... **Jan. 28**, 1941;  
that I last saw him alive on..... **Jan. 28**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Acute Myocarditis. 3da.**  
**Tubal Regurgitation 25da.**

Due to.....  
Due to.....  
Other conditions..... **Alcoholism 26da.**  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **920**  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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..... **D.**

23. Signature..... **J. F. Brudick** (M. D. or other)  
Address..... **1875 Madison** Date signed..... **1-30-41**

1956  
2-3 PM

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 Warren A. Carver

Licensed Embalmer No. 3534

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.