WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 27 1929

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

Do not use this space.

7953

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township Central — Primary Registration District No. 6248
City Richmond Ht. Mo. — No. St. Mary's Hospital — St. — Ward)

File No.
Registered No. 39

2. FULL NAME Julius Loewenstein
(a) Residence No. 2847 St. Vincent St., Ward. St Louis Mo.
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gizella Loewenstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE Years About 54 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria

PARENTS

10. NAME OF FATHER Ignatz Loewenstein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary
12. MAIDEN NAME OF MOTHER Regina Singer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary

14
14
14

14. INFORMANT Arnold Weiss
(Address) 622 Chestnut St.

15. FILED 2/9, 1929 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/8 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/5, 1929, to 2/8, 1929, that I last saw him alive on 2/8, 1929, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
46B
44A (duration) yrs. 5 mos. 3 ds.

CONTRIBUTORY (SECONDARY) (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?
(Signed) Wm Freund M. D
2/9, 1929 (Address) 1727 Lafayette Av

*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. Sinai Cemetery
DATE OF BURIAL 2-11-1929

20. UNDERTAKER H. Rindskopf
ADDRESS 5216 Delmar