

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

Do not use this space.

14615
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1. PLACE OF DEATH

County.....
Township.....
City St. Louis.....

Registration District No. 701
Primary Registration District No. 1000
(No. Jewish Hospital)

File No.
Registered No. 4003
St. Ward)

2. FULL NAME

Loewenstein, Ralph

(a) Residence, No. 5007 Waterman St., 5 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Hensietta Loewenstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 18

8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. whole sale jeweler

9. Industry or business in which work was done, as silk mill, 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) Germany

13. NAME Leopold Loewenstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Milton B. Loewenstein
(ADDRESS) 5007 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE 4-25 1932

19. UNDERTAKER H. Reinhardt
(ADDRESS) 516 2nd

20. FILED APR 27 1932 Max E. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 23 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 4 - 8 , 1932, to 4 - 23 , 1932

I last saw him alive on 4 - 23 - 32 , 1932 Death is said to have occurred on the date stated above, at 5⁰⁵ p.m.

The principal cause of death and related causes of importance were as follows:

Pneumo-pneumonia Date of onset 4/7/32
101A
101B

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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....., 19.....
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? no
If so, specify.....
(Signed) Albert E. Tausig , M. D.
(Address) 3720 Washington

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.

