

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 201  
 Township..... Primary Registration District No. 1000  
 City St. Louis, (No. Ambassador Hotel 707 N. 6th, St. Ward)

File No. 18518  
 Registered No. 4780

**2. FULL NAME**

Edward M. Loewenthal  
 (a) Residence, No. 1319 Widney St. 23 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 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 Husband of Flora Loewenthal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 7 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Elkhart, Ind.

13. NAME Adolph Loewenthal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

15. MAIDEN NAME Jemima Birt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Flora Loewenthal (ADDRESS) 1319 Widney

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE June 2, 1933

19. UNDERTAKER Wedmen & Sons (ADDRESS) 3934 N. 20th

20. FILED May 31 1933 J. P. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

Physician in attendance  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Gun shot wound of head self-inflicted at Ambassador Hotel 707 N. 6th  
 Other contributory causes of importance:

Suicide 1917  
 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 suicide Date of injury 5/31, 1933

Where did injury occur? same place (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound of head  
 Nature of injury gun shot wound of head

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold G. Gandy, M. D.

(Address) Deputy Registrar

6/8/33

WRITE 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.

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