DEC 21 1934

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

Do not use this space.

1. PLACE OF DEATH
County Central — Registration District No. 1170 — File No. 45415
Township Central — Primary Registration District No. 6248H — Registered No. 198
City Richmond Hts (No. 7424, ~~Alexander~~ Drive Arlington St. Ward)

2. FULL NAME Isaac Lowenhaupt
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 - 1865

7. AGE: YEARS 69 — MONTHS 2 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traveling Salesman
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) Ark.

FATHER
13. NAME Benjamin Lowenhaupt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Rachael Rosenbaum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Lee Cronbach
(ADDRESS) 46 Washington Ter.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Vernon Ind. DATE Dec. 9 1934

19. UNDERTAKER H. Rindskopf
(ADDRESS) 3216 Delmar

20. FILED Dec 8 1934 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 - 10, 1932 to 12 - 8, 1934
I last saw him alive on 12 - 5, 1934. Death is said to have occurred on the date stated above, at 18:15 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis acute — Date of onset 20 days
93a

Other contributory causes of importance:
1. ascites ② nephritis acute ③ pleurisy & effusion ④ cystitis 5 hypertrophies prostate

Name of operation None — Date of
What test confirmed diagnosis? Ex — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury No, 19 N
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Burroughs M. D.
(Address) 4755 Morganford Rd.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD