

BUREAU OF THE CENSUS
AUG 11 1939791
1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jewish Hos'p 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) about two months

3. (a) PRINT FULL NAME Rose Lowenstein Hirsch

8. (b) If veteran, name war _____ 8. (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 Sam Hirsch 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 2, 1859
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 5 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Louisa Lowenstein

18. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Yetta Meyer

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sarah Glush

(b) Address 7042 Maryland

17. (a) cremation (b) Date thereof 7-7-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell

19. (a) JUL 7 1939 (b) J. D. Bredbeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St. Louis
 (c) City or town Prine Lawn NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. Edgewood Nursing Home
4703 Edgewood Ave. (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
 year 1939 hour 9:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from June, 1939 to July, 1939
 that I last saw him alive on July 6, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion
chronic myocarditis
 Due to _____

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____
 Of autopsy _____

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 _____
 28. Signature Richard W. Schumaker M.D. or other MD
 Address 1027 Mc Berg Date signed 7/6/39

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 *Albert J. Hopper*

Licensed Embalmer No. *1861*

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, above space should be left blank.