P 26

1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 16 1939

# MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 33536

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1694

**1. PLACE OF DEATH:**

(a) County: St. Louis County 1

(b) City or town: Robertson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 months (Specify whether years, months or days)

In this community: 5 months

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: — 1

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: Home for Aged and Infirm Israelites 3652 South Jefferson Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years

3. (a) PRINT FULL NAME: 523 Morris Lowenstein

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: April (Month) 29 (Day), 1870 (Year)

8. AGE: Years 69 Months 4 Days 26 If less than one day: hr. min.

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

10. Usual occupation: Travelling Salesman

11. Industry or business: Clothing

FATHER

12. Name: unknown

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

MOTHER

14. Maiden name: unknown

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

16. (a) Informant's own signature: Jewish Sanatorium

(b) Address: Robertson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-27-39 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olive Jewish Cem.

18. (a) Signature of funeral director: H Rindskopf

(b) Address: 5216 Delmar

19. (a) SEP 26 1939 (Date received local registrar) (b) G. R. Meyer M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September Day 25 year 1939 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 4, 1939 to Sept. 25, 1939; that I last saw him alive on Sept. 25, 1939; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| (1) Pulmonary Infarction | 4 days |
| (2) Pulmonary Edema | |
| Due to: Arteriosclerotic Heart Disease | |
| Due to: | |
| Other conditions: Hypertension | |
| (Include pregnancy within 3 months of death) Coronary Disease | |

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Selig Simon (M. D. or other) M.D.

Address: JEWISH SANATORIUM Date signed: SEPT. 25, 1939

(Licensed Embalmer's Statement on Reverse Side) ROBERTSON, Mo.

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.

## 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 Charles Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delman

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**