

8029  
S. No. 2  
-11-10-39  
5-27-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33524**  
Registrar's No. **8221**

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 Days  
(Specify whether years, months or days)  
In this community 27 Years

3. (a) PRINT FULL NAME Flora Lowenthal

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Loewenthal 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased August 31, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 1 1 ..hr. ..min.

9. Birthplace Montpelier Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Eli Strayer  
13. Birthplace Montpelier Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilhelmina Unkown  
15. Birthplace Montpelier Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iva Gastori

(b) Address 2013 a. Arsenal

17. (a) Cremation (b) Date thereof Oct. 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Luadwayer & Sons

(b) Address 3934 N. 20th Street

19. (a) OCT 2 1940  
(Date of final local registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 24  
(If outside city or town limits write "RURAL")  
(d) Street No. 2013a. Arsenal  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2,  
year 1940 hour 2:05 minute A. M.

21. I hereby certify that I attended the deceased from September 12,  
1940 to October 2, 1940;  
that I last saw her alive on October 2, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic myocarditis.

Due to Carcinoma of Prostate.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None. 105

Of autopsy None.

Duration

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James T. Murphy (M. D. or other) \_\_\_\_\_  
Address 1615 Lafayette Ave. Date signed 10/2/40

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**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

*Alfred J. Boedecker*

Licensed Embalmer No.

*2663*

P. O. Address

*4204 Paine*

**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.**