

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 months  
years, months or days)

3. (a) PRINT FULL NAME Mayer Lowen (Lowenstar)

3. (b) If veteran, name war Regular Army 3. (c) Social Security No. 462-10-8100

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Grace King Lowen 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased Nov. 15, 1886  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 11 hr. \_\_\_\_\_ min.

9. Birthplace Riga Latvia  
(City, town, or county) (State or foreign country)

10. Usual occupation Dress Designer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lipman Lowenstar  
13. Birthplace Latvia  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna (unk)  
15. Birthplace Latvia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace K. Lowen

(b) Address Georgetown, Texas

17. (a) burial (b) Date thereof 6/27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Georgetown, Texas

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 27 1941 (b) J. H. Brubaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. Warwick Hotel  
1428 Locust (If rural, give location)  
(e) If foreign born, how long in U. S. A. Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1941 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 25, 1941, to June 26, 1941, that I last saw him alive on June 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia - st. p. p.  
empyema

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy Lobar pneumonia - st. p. p.  
empyema.

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, 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 M. S. Pruehler (M. D. or other)

Address 634 N. Grand Date signed 6/27/41

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

970

AUG 20 1941

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.....

.....  
Licensed Embalmer No. 1597

P. O. Address: St. Louis

**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, fact should be so stated above.**