

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12008

State File No. ....

FILED APR 6 1942  
Registration District No. 182

Primary Registration District No. 210

Registrar's No. 695

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:  
Mother Of Good Council Home 5  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County #####000

(c) City or town ##### St. Louis 17  
(If outside city or town limits, write "RURAL.") 9

(d) Street No. 4910 Theodore Ave  
(If rural, give location) 1

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Miss Louise Lowenstein

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased. Sept. 16th, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>9</u>	hr. .... min.

9. Birthplace Baltimore, Maryland /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Lowenstein

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Steneberg

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Al. Wallington (Niece)

(b) Address 4910 Theodore

17. (a) Cremation (b) Date thereof 3/28/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) MAR 26 1942 (b) C. H. Mc Larson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
year 1942 hour 9.45 minute..... A.M.

21. I hereby certify that I attended the deceased from 19th  
February 1941 to March 25th 1942  
that I last saw her alive on March 19th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death hr. cardio-vascular renal disease (Senile type)  
Senile dementia. ?

Due to Secondary; Myocardial failure, decompensation,  
Died in Home of Incurables. 4 wks.

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy 1310

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)  
Means of injury.....

23. Signature [Signature] D. or other).....  
Address 3718 Jimmy Rd Date signed.....

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

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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.....

*Guy W. Wilkinson*

Licensed Embalmer No.....

3575

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, fact should be so stated above.

APR 10 1958