

FILED DEC 21 1942
Registration District No. **318**

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:
1655 S. Vandeventer /
(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)

3. (a) PRINT FULL NAME **Louis H. Loewenthal**

3. (b) If veteran, name war..... 3. (c) Social Security No. **488-09-4211**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Tillie L. Loewenthal** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **1 - 13 - 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	10	29	hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur**

11. Industry or business **Fyler Contractor Material**

12. Name **Louis H. Loewenthal**

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

14. Maiden name **Anna Schlazer**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Tillie L. Loewenthal**

(b) Address **1655 S. Vandeventer**

17. (a) **Burial** (b) Date thereof **12-15-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Cemetery**

18. (a) Signature of funeral director **Truth Center Mortuary**

(b) Address **4024 Lindell Boulevard**

19. (a) **DEC 15 1942** (b) **J. F. Pradeck**
(Date recorded by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** **977**
(If outside city or town limits, write "RURAL")
(d) Street No. **1655 S. Vandeventer**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12th**
year **1942** hour **4:30 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **July 5**, 19**41**, to **Dec 12**, 19**42**
that I last saw him alive on **Dec 12**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive coronary disease
cerebral hemorrhage
Hemiplegia
Due to.....
Due to.....

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration

17 Mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
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 **W. Whitman** (M. D. or other).....

Address **1625 Town** Date signed **12/14/42**

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

MOTHER FATHER

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 *Jack H. Lickers*

Licensed Embalmer No. *4110*

P. O. Address *St. Louis, Miss*

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

If this body is not embalmed, fact should be so stated above.