V. S. No. 2
50M—5-42
Rev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8529

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2997

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: City Hosp #10

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000 6 12 9

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

(d) Street No. 5277 Page Blvd (If rural, give location)

(e) Citizen of foreign country? (Yes or No): N

If yes, name country:

3. (a) PRINT FULL NAME: 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: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: abt (Month) (Day) 1860 (Year)

8. AGE: Years: abt 83 | Months | Days | If less than one day: hr. min.

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

10. Usual occupation: nil

11. Industry or business:

FATHER
12. Name: unknown
13. Birthplace: unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Jennie Fabsman
(b) Address: 1300 Clark

17. (a) Cremation Bur (Burial, cremation, or removal) Date thereof: 3-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington U

18. (a) Signature of funeral director: W. Rufter
(b) Address: 3508 Lucas St

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1943 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to: Chronic Interstitial Nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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: Alfred Perry (M. D. or other)
Address: Deputy Coroner Date signed: 3/30/43

(Licensed Embalmer's Statement on Reverse Side)

2997

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.....

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.