

S. No. 2
M-8-43
S-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **14959**

FILED APR 18 1946
318

1003

Registrar's No. **3324**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hos'p
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution abt 2 weeks
(Specify whether _____)
In this community 21 years
years, months or days)

3. (a) PRINT FULL NAME Daniel Lowenhaupt
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sadie Oesheicher Lowenhaupt
6. (c) Age of husband or wife if alive 64
7. Birth date of deceased May 7 1879/1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Mt. Vernon Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Insurance

MOTHER FATHER {
12. Name Benjamin Lowenhaupt
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Rachael Rosenbaum
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Lowenhaupt

(b) Address 219 Bompert, Webster Groves Mo.

17. (a) Cremation (b) Date thereof 4/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director [Signature]

(b) Address 4356 Lindell Blvd

19. (a) APR 10 1946 (Date received local registrar)
J. F. Brudwick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 219 Bompert
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 1
1946 to April 10 1946
that I last saw him alive on April 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Duration 1 day

Due to Carcinoma of Pancreas 3 mos.

Due to _____

Other conditions H/O G
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Pancreas
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? _____

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

23. Signature Melvin B. Krutewi (M. D. or other) M.D.

Address 601 Humboldt Bldg Date signed April 10 1946

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

20
17
9

96
7
NR 4

A Louis Ho 19/1946

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 John Cyonowski
Licensed Embalmer No. 2398

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.