

S. No. 2
-12-45
5-17-39
1 X47070

FILED MAR 31 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
5861 Cates 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **abt 9 months**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis Co. 96**
 (c) City or town **St. Louis Co. University City**
 (If outside city or town limits, write "RURAL") **3**
 (d) Street No. **8404 Elmora Ave**
 (If rural, give location) **NR 5**
 (e) Citizen of foreign country? **no** (Yes or No) **1**
 If yes, name country _____

3. (a) PRINT FULL NAME **EMMA BERG LOEWENSTEIN**
 3. (b) If veteran, name war *********
 3. (c) Social Security No. *********

4. Sex **FEMALE** 5. Color or race **W.**
 6. (a) Single, widowed, married, divorced **Wid. 2**
 6. (b) Name of husband or wife **Sol Loewenstein**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Jan. 21 1871**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 25 hr. min.

9: Birthplace **Camden Ark**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Myer Berg**
 13. Birthplace **Germany 4**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Betty Ullfelder**
 15. Birthplace **Germany 4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Albert Loewenstein**
 (b) Address **8404 Elmora, University City Mo**

17. (a) **Cremation** (b) Date thereof **3/17/47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Max**
 (b) Address **4356 Lindell Blvd**

19. (a) **MAR 17 1947** **J. F. Predeck**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**
 year **1947** hour **2:00** minute **8** M.

21. I hereby certify that I attended the deceased from **Feb 1** 1947, to **Mar 16** 1947;
 that I last saw her alive on **Mar 16** 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of rectum with metastasis of 1 yr. to pelvis**

Due to _____
 Due to **Hb**
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Carcinoma of rectum**
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____

23. Signature **Charles T Eckert** (M. D. or other) **O**
 Address **539 N. Grand St. Louis** Date signed **3/16/47**

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: *Henry M. Branner*
.....
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.