

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

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: **route to City Hospital B**  
 (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 **Missouri** (b) County **St Louis**  
 (c) City or town **Clayton**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **6227 Northwood Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **BERTHOLD J. LOEWENSTEIN**  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **3**  
 year **1948** hour **3:05** minute \_\_\_\_\_ P. M.

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: **Unknown**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Coronary Occlusion; Coronary Sclerosis**

8. AGE: Years **About 70** Months **-** Days **-**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace **St. Louis Missouri**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired - Co-Owner**  
 11. Industry or business **Loewenstein Garment Co.**  
 12. Name **Jacob Loewenstein**  
 13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Minka Winterberger**  
 15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause of which death should be charged statistically.

16. (a) Informant **Mr. David Loewenstein**  
 (b) Address **6227 Northwood Ave.**  
 17. (a) **Burial** (b) Date thereof **7-5-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mt. Sinai Cemetery**  
**Herman Rindskopf, Inc.**  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address **5216 Delmar Blvd.**  
 19. **JUL 5 1948** (Date received local registrar)  
 (b) **J. F. Bradeau** (Registrar's signature)

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 **J. F. Bradeau** (Date signed) **JUL 5 1948**  
 Address \_\_\_\_\_

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 John Ketter  
Licensed Embalmer No. 3880  
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.