

10-47
17-39
I 3906

FILED OCT 1 1948 318
Registration District No. _____

Primary Registration District No. **1008**

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:
Park Lane Hos'p.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Abt 22 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3146 Russell Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Dr. Edward C. Loew

3. (b) If veteran, name war World's war #1 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife Irene Freund Loew 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 29 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 22 hr. min.

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

10. Usual occupation Doctor of Medicine

11. Industry or business _____

12. Name Solomon Loew

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

14. Maiden name Pepi Freund

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sam Linn

(b) Address 776 Harvard Ave, U. City Mo.

17. (a) Burial (b) Date thereof: 9/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director maxi

(b) Address 4356 Lindell Blvd

19. (a) **SEP 23 1948** (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1948 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1933
_____, 19____, to death, 19____;
that I last saw h. im alive on 9-21-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Thrombosis
Due to Diabetes mellitus

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

Major findings: _____
Of operations 61
Of autopsy _____

Duration _____
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 W H Oberster (M. D. or other) _____
Address 3720 Washington Date signed 9/22

St Louis

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

MOTHER FATHER

For 9067

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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

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.