

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25687**  
Registrar's No. **1393**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>1393</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jennings</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jennings</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jennings</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8312 Carl Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>8312 Carl Avenue</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>SOL</b>		b. (Middle)		c. (Last) <b>LOEWENSTEIN</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Unknown</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>		11. BIRTHPLACE (State or foreign country) <b>Seattle, Washington</b>		9. AGE (In years last birthday) <b>Abt. 58</b> If under 1 Year: Months _____ Days _____ If under 1 Min. _____	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Loewenstein</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give way or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. S. Loewenstein - 8312 Carl Ave.</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Believed to be Coronary Occlusion</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Nervous strain</b>  INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>  <b>4201</b> <b>940</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John V. Lawrence</b> (Degree or title)		23b. ADDRESS <b>634 No. Grand Ave. St. Louis 13</b>		23c. DATE SIGNED <b>6/4/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/6/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-5-49</b>		REGISTRAR'S SIGNATURE <b>Thurmond C. Lawrence</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thurmond C. Lawrence</b> ADDRESS <b>5216 Blue...</b>			

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

MAR  
8 1957

### 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.....

....., Student Embalmer No. ....,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ronald O. Yahr*  
Licensed Embalmer No. 3917

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.