

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34703
8316
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129
d. STREET ADDRESS (If rural, give location) 46 Washington Terrace

3. NAME OF DECEASED
a. (First) RUBY
b. (Middle) LOWENHAUPT
c. (Last) CRONBACH

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 30, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Unknown

9. AGE (In years last birthday) Abt. 67

10. IF UNDER 1 YEAR Months _____ Days _____
11. IF UNDER 5 YRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Mt. Vernon, Indiana

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Benjamin Lowenhaupt

13b. MOTHER'S MAIDEN NAME Rachel Rosenbaum

14. NAME OF HUSBAND OR WIFE Lee Cronbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Lee Cronbach-46 Washington Ter.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus
ANTECEDENT CAUSES
Morbid 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. Pulmonary + pleural metastases

INTERVAL BETWEEN ONSET AND DEATH
? 3 mo +

Months

19a. DATE OF OPERATION X

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 174X

22. I hereby certify that I attended the deceased from March, 1940, to Sept. 30, 1950, that I last saw the deceased alive on Sept 30, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Gwendolyn Sale, M.D. (Degree or title)

23b. ADDRESS 4500 Olive St. Louis

23c. DATE SIGNED Oct. 1, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/2/50

24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. OCT 3 1950

REGISTRAR'S SIGNATURE J. B. Sasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Kuehn, P.O. Box 5216, St. Louis

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John Kester
3880

Licensed Embalmer No. _____

Signed.....
Student Embalmer

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.