

39733

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 500 Registrar's No. 2460

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette</u> | | c. CITY OR TOWN <u>Olivette</u> ¹³⁸⁰ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#5 St. Alfred</u> | | STREET ADDRESS (If rural, give location) <u>#5 St. Alfred</u> | |
| c. LENGTH OF STAY (In this place) <u>1 YEAR</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ERWIN</u> | b. (Middle) <u>M.</u> | c. (Last) <u>LOEWENSTEIN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1954</u> |
|-------------------------------------|-------------------------|-----------------------|------------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 31, 1906</u> | 9. AGE (In years last birthday) <u>48</u> IF UNDER 1 YEAR Months <u>2</u> IF UNDER 24 HRS. Hours <u>20</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Julius Loewenstein</u> | 13b. MOTHER'S MAIDEN NAME <u>Gazella Weiss</u> | 14. NAME OF HUSBAND OR WIFE <u>Elsie Loewenstein</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>496-28-8318</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E.M. Loewenstein</u> | ADDRESS <u>#5 St. Alfred</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Aec. with myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>4201</u> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 5/25, 1948, to 10/21, 1954 that I last saw the deceased alive on 10/21, 1954, and that death occurred at 2 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Thomas Cecil</u> (Degree or title) <u>MD.</u> | 23b. ADDRESS <u>601 Humboldt Bldg.</u> | 23c. DATE SIGNED <u>10/21/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/22/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10/22/54</u> | REGISTRAR'S SIGNATURE <u>Herman Rindskopf, Inc.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc.</u> | ADDRESS <u>5216 Delmar</u> |
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(Licensed Embalmer's Certificate on Reverse Side)

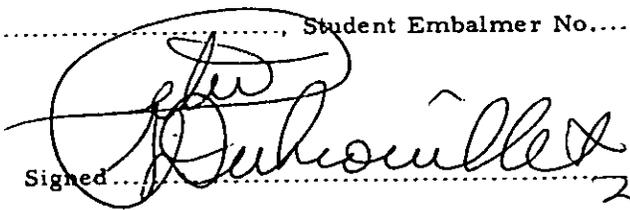
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

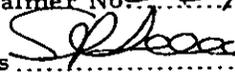
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 369

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.