

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042607
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2807

Health,
Welfare
Public
Service

300
1-56

ALL INFORMATION ON THIS CERTIFICATE IS TO BE PRINTED IN BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. CARICATURES IN PART I MUST BE CASUALLY RELATED. CARICATURES IN PART I MUST BE CASUALLY RELATED. CARICATURES IN PART I MUST BE CASUALLY RELATED.

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hilltop Nursing Home & Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Ferguson d. STREET ADDRESS (If outside, give location) 1301 S. Florissant		
3. NAME OF DECEASED (Type or print) MARY LOEWENSTEIN			4. DATE OF DEATH Nov. 1, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 30, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mr. A. Yavitz-7246 Princeton Avenue		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Cerebral Vascular Accidents DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes mellitus					INTERVAL BETWEEN ONSET AND DEATH 6 mo.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Mar 1 - 1958 to Nov. 1 - 1958 and last saw her alive on Oct 31 - 1958 Death occurred at A. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Oliver G. McJannet MD			22b. ADDRESS 5014 Thekla Av		22c. DATE SIGNED 11/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
Burial	Nov. 2, 1958	Mt. Sinai Cemetery	St. Louis County, Missouri		
24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar		25. DATE RECD. BY LOCAL REG. 11-1-58	26. REGISTRAR'S SIGNATURE Robert A. Dombke		

FORM 18

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.....
[Handwritten Signature]

Licensed Embalmer No. *36*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.