MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-012932
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3617

FILED APR 12 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis Mo.
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Baptist Hos'p
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6227 Northwood
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First DAVID Middle Last LOEWENSTEIN

4. DATE OF DEATH: Month 3 Day 3 Year 1962

5. SEX: male
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/31/74
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Jacob Loewenstein
13b. MOTHER'S MAIDEN NAME: Minka (?)
14. NAME OF HUSBAND OR WIFE: **********

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Nathan Burgheim Address: #6 Jaccard Ln

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial failure	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial Fibrosis	Unknown
DUE TO (c)	Coronary sclerosis	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchopneumonia 4201

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan. 19, 1958, to April 3, 1962 and last saw him alive on April 3, 1962
Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Tawey Walker Jr., M.O. (Degree or title)
22b. ADDRESS: 462 N. Taylor Ave. St. Louis 8, Missouri
22c. DATE SIGNED: April 4, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 4/6/62
23c. NAME OF CEMETERY OR CREMATORY: Mt. Sinai
23d. LOCATION (City, town, or county) (State): 8400 Gravois Ave St. Louis Mo

24. FUNERAL DIRECTOR: MAYER ADDRESS: 4356 Lindell Blvd
25. DATE RECD. BY LOCAL REG.: APR 5 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	205		
3			
4	0		
5	0		
6			
7	2		
8	1		
9			
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11			
12	68-0		
13			

68

BY AFFIDAVIT OF DOCUMENT

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 John D. Haines

Licensed Embalmer No. 4128

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.