

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

31105

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township French Primary Registration District No. 1003  
 City St. Louis (No. French Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 7792

**2. FULL NAME**

(a) Residence No. Julius Lewenstein 12 Budgeton Mo  
 (Usual place of abode) Natural Bridge Food Ward (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Shesha Shingus Lewenstein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16/1870</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Restaurantier</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>121</u>	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. <u>12</u> <u>93</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin Germany</u>		
MOTHER	13. NAME <u>Leob Loueyheim</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Leibing Jacoby</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mr. Eugene Jenkins</u> (ADDRESS) <u>Budgeton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>New Mt. Sinai</u> DATE <u>Sept. 10, 1933</u>		
19. UNDERTAKER <u>H. B. Johnson</u> (ADDRESS) <u>715 N. Plerson Ave</u> <u>J. F. Baedock</u>		
20. FILED <u>UL</u> 19 <u>8</u> <u>1933</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1933

22. I, HEREBY CERTIFY, That I attended deceased from 8/21 1933 to 9/7 1933  
 I saw him/her alive on 9/7 1933. Death is said to have occurred on the date stated above, at 11 P.M.  
 The principal cause of death and related causes of importance were as follows:

<u>Broncho-pneumonia</u>	Date of onset
<u>Bilateral Chronic Cholecystitis</u>	<u>2 mos.</u>
<u>Cholelithiasis</u>	<u>1 yr.</u>
<u>Chronic Myocarditis</u>	<u>1 yr.</u>
<u>Jaundice</u>	<u>2 wks.</u>

Other contributory causes of importance: 27

Name of operation Cholecystectomy Date of 9/6/33  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Carl Herfetz M. D.  
 (Address) French Hospital

WRITE PRINTED, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

20-10-1933

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