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OM-542  
Rev. 5-17-39  
P-1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

JAN 21 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **406**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Louis City Hospital #10**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Days**  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**  
**12**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL.")  
**96**

(d) Street No. **5639A Maffett Ave.,**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
**0**  
If yes, name country.....

3. (a) PRINT FULL NAME **Geraldine Lowery**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 9, 1941.**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>1</b>	<b>6</b>	<b>4</b>	.....hr. ....min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil.**

MOTHER FATHER

11. Industry or business.....

12. Name **Anderson H. Lowery**

13. Birthplace **Okla.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Landolt**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anderson Lowery**

(b) Address **5639A Maffett Ave.,**

17. (a) **Burial** (b) Date thereof **Jan. 15/43.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.,**

19. (a) **J. F. Prudek** (b) **J. F. Prudek**  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **13.**  
year **1943** hour **6:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **January 10,** 19**43,** to **January 13,** 19**43**  
that I last saw h.....er alive on..... **January 13,** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Bronchopneumonia**

Due to.....  
**Tuberculosis**

Due to.....  
**with apoplexy**

Other conditions.....  
(Include pregnancy within 3 months of death)  
**10/11**

Duration

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....  
(Specify type of place) (e) Means of injury

23. Signature **J. F. Prudek** (M. D. or other)  
Address **1515 Lafayette Avenue, Dal/43/43**

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

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. J. Peely*  
.....  
Licensed Embalmer No. 3225.....

P. O. Address. 1125. Hubbard Ave. S.F. Cal.

**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.**