. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26403

FILED AUG 25 1944

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7208

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5405 S. Broadway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 59 Years in St Louis.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis. 9/5
(If outside city or town limits, write "RURAL")

(d) Street No. 5405 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALMA A. LOWALL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widow

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

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

7. Birth date of deceased March 30 (Month) 1864 (Day) (Year)

8. AGE: Years 80 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

FATHER
12. Name Gustav Peterson
13. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

16. (a) Informant Emil Lowall

(b) Address 5405 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19/44 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cem.

18. (a) Signature of funeral director Thos Lutis & Son

(b) Address 2906 Gravois Ave.

19. (a) AUG 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16
year 1944 hour 8 45 A.M. min. M.

21. I hereby certify that I attended the deceased from July, 1943 to Aug 14, 1944;
that I last saw her alive on Aug 14, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Caldio Vascular Renal Disease Hypostatic Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Jos. G. Gravelt M.D (M. D. or other)

Address 5524 S. Broadway Date signed 8/17/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pranzo
Broadway & Bates
5521 So Bdway
3-

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 David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 2906 Gravois Av

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.