

FILED JUN 6 1946

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo

(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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Anne Lodwick

3. (b) If veteran, name war Nil

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 April 3 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>1</u>	<u>24</u>	hr. _____ min.

9. Birthplace Massillon Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher

11. Industry or business _____

12. Name Llewlyn Lodwick

13. Birthplace Unknown Wales 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Savage

15. Birthplace Unknown Wales 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Lodwick

(b) Address 325 N. Newstead Ave.

17. (a) Removal (Burial, cremation, or removal) Removal **(b) Date thereof** 5-27-46
(Month) (Day) (Year)

(c) Place: burial or cremation Mystic, Iowa

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 27 1946 (Date received local registrar) **(b) J. F. Braseck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Wapello 997

(c) City or town Ottumwa NR 13
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1946 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 26 1946, to May 27 1946, that I last saw her alive on May 27 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Cardio-vascular collapse

Due to Coronary thrombosis - post operative

Due to Carcinoma of the stomach

Other conditions (Include pregnancy within 3 months of death) Hb

PHYSICIAN

Major findings: Carcinoma of stomach

Of operations _____

Of autopsy Not done

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 FR Bradley (M. D. or other) _____

Address Barnes Hospital **Date signed** 5/27/46

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..... *John A. Algonoski*

Licensed Embalmer No..... *3398*

P. O. Address.....

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.