

No. 2
5-43
5-17-39
1 X36671

FILED JUN 30 1946

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County OSCEOLA
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3331 N 11th (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Dow
3. (b) If veteran, name war = 3. (c) Social Security No. =
4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Geo 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 10 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10
year 1946 hour 05 minute P. M.
21. I hereby certify that I attended the deceased from Jan 15 1946
to June 10 1946
that I last saw her alive on June 10 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 1 Days 0
If less than one day hr. _____ min. _____

Immediate cause of death Chronic nephritis & diabetes mellitus
Due to Weakened
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace St Louis (City, town, or county) (State or foreign country) MO
10. Usual occupation at home

Major findings: Of operations 61
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Mathew Boegel
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name PAUL
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Geo. Dow
(b) Address 3331 N 11th
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-13-46
(Month) (Day) (Year)
(c) Place: burial or cremation ST PETERS

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? _____

18. (a) Signature of funeral director Richard W. Jones
(b) Address 1936 St Louis Ave
19. (a) JUN 11 1946 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Ernie Ross (M. D. or other) _____
Address 1913 1/2 Antioch Date signed _____

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

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.....

Neal L. Paulson

Licensed Embalmer No. *4114*

P.O. Address. *1936 St. Louis Ave*

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.