No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11136

Registrar's No. 3149

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
6146 North Pointe Pl. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL")

(d) Street No. 6146 N.Pointe Pl. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Nellie Kowal

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

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

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

7. Birth date of deceased October 18, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	5	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany 7 (State or foreign country)

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

16. (a) Informant Elmer J. Kowal
(b) Address 6146 North Pointe Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23, year 1947 hour 2:00 AM minute M.

21. I hereby certify that I attended the deceased from 5-3, 1946, to 3-23, 1947; that I last saw her alive on 3-23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death hypostatic pneumonia	2 days
Due to generalized abdominal carcinoma	8 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

55

Major findings:
Of operations

Of autopsy

PHYSICIAN
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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature Lloyd L. Olson (M. D. or other) DO

Address 6401 W. Florissant Date signed 3-24-47

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2110 C

P. O. Address St. Louis, Mo.

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.