No. 2
—1/47
5-17-39

FILED OCT 4 1947

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32744

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8724

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

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

(d) Length of stay: In hospital or institution 10/22/46 to 9/13/47 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 020

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1318 S. 3rd St. 9
(If rural, give location)

(e) Citizen of foreign country? 23 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME OTTILIE LOWAG

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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 30 (Day) 1860 (Year)

8. AGE: Years 86 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Tailoring

11. Industry or business

FATHER
12. Name Amond Lowag
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) cremation (b) Date thereof 9/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) SEP 1 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1947, to Sept 13, 1947
that I last saw her alive on Sept 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterial emboli multiple and pulmonary — Duration: 12 hrs.

Due to: Heart failure — several weeks

Due to

Other conditions: senile psychosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94

Of autopsy: Confirmed diagnosis

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature U. P. Shomey (M. D. or other)
Address 5600 Arsenal Date signed 9-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

8784

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.