FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31211
Registrar's No. 8267

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 1215a Tyler St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1215a Tyler St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Miss Frieda Lowe
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 12th 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	8	8	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Thomas Lowe
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Louise Yaeger
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. F. Middleton
(b) Address 1215a Tyler St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) SEP 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20th year 1948 hour 3:45 AM. minute M.

21. I hereby certify that I attended the deceased from Sept 19 1948 to 19 ; that I last saw he alive on Sept 19 1948 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	5 yrs.
Due to: Arteriosclerosis	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

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

23. Signature Nicholas J. Honeck (M. D. or other)
Address 8902 Riverview Blvd. Date signed 9/20/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Horrick
8902 Rawinnell

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address 2223 St. Louis A

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.