WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36386

File No. 10923
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 9

Township ..... Primary Registration District No. 1

City St Louis Mo (No. City Hospital #1 St. ..... Ward)

2. FULL NAME William Lowell

(a) Residence, No. 923 Catalpa St. St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Lowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Wm Lowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Unknown Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ethel Lowell
(ADDRESS) 923 Catalpa St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Oct 30, 1931

19. UNDERTAKER W. Cunningham Fun. Co
(ADDRESS) 4234 Manchester Ave

20. FILED OCT 29 1931, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia following fracture of 4, 5, 6 & 7th ribs of Left side received within the last 24 hours by the side of auto. St Louis Mo.	

Other contributory causes of importance:

Accident

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/27, 1931

Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Injured by auto.

Nature of injury Hypostatic Pneumonia as above stated.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John H Herring M.D.

(Address) 1 Dispatch Coroner

10-29-31