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

Do not use this space.

39487

File No.

Registered No. 11677

1. PLACE OF DEATH

County

Registration District No. 791 1003

Township

Primary Registration District No.

City St Louis (No. 5127 Lexington St. Ward)

2. FULL NAME Isabelle A. Lowis

(a) Residence, No. 5127 Lexington Av. St., 6 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. Lowis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 3 1872

7. AGE: YEARS 59 | MONTHS 10 | DAYS 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Ills.

FATHER

13. NAME: Wm. C. Barlow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

MOTHER

15. MAIDEN NAME: Emily Godown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

17. INFORMANT (ADDRESS): Wm. Lowis 5127 Lexington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Nov 25 1931

19. UNDERTAKER (ADDRESS): Wm. F. Paschedag 2825 N. Grand Blvd

20. FILED NOV 23 1931 19 Max C. Landry Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1931, to 11-23, 1931

I last saw her alive on 11-23, 1931. Death is said to have occurred on the date stated above, at 3:40 a.m.

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

Chr. Myocarditis

47A

73C

49

Date of onset

Other contributory causes of importance:

Carcinoma of Ovary

Name of operation: none Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? no

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

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Geo. H. Klinkerfuss, M. D.

(Address) 7303 Natural Bridge Rd

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.