

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

Do not use this space.

5946

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
Township Ballwin Primary Registration District No. 6031
City Ballwin (No. 66 Highway Ballwin Mo) St. _____ Ward _____

File No. _____
Registered No. 15

2. FULL NAME

(a) Residence, No. 3973 Potomac St., _____ Ward. St. Louis Mo
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gladys Lowe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 - 1904</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chauffeur</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Trink Transfer Co</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>James Lowe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Gladys Lowe</u> (ADDRESS) <u>3973 Potomac</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Joseph Burial</u> DATE <u>Mar 2</u> 19 <u>32</u>		
19. UNDERTAKER <u>Lambert's Fun. Co</u> (ADDRESS) <u>4234 Maycrest Ave</u>		
20. FILED <u>2/29</u> 19 <u>32</u> <u>P. Barnett M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____
I last saw h. 2/10 AM alive on _____ 19____. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:
Automobile which deceased was driving east on Pagehader Rd. struck rear of truck and overturned.
Date of onset 2/28/32

Other contributory causes of importance:
Fractured skull
5

Name of operation _____ 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? Acc. Date of injury 2/28, 1932
Where did injury occur? Ballwin 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 Automobile accident
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) John O'Connell, M. D.
(Address) Coroner of St. Louis Co.

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.

MAR 25 1932

1952

1953

1954

1955

1956