

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. *8871*
 Township Primary Registration District No. *100-3*
 City, **Saint Louis** (No. **Central Hospital, 4518 Washington**) St. Ward)

27871
 File No.
 Registered No. **7724**

2. FULL NAME **Hester Amilia Lowe**

(a) Residence, No. **Hunter, Mo.** St., **12** Ward, **Hunter 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 **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 **Sidney Lowe**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 20, 1879.**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 4.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**
 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) **Missouri.**

MOTHER 13. NAME **John Walton,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT **Herbert Lowe,**
 (ADDRESS) **1003 Morrison Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Hunter, Missouri** DATE **Aug. 26,** 19**32**

19. UNDERTAKER **Philip M. Morgan**
 (ADDRESS) **4468 Washington Blvd.**

20. FILED **UG 24 1932**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 24**, 19**32**
 22. I HEREBY CERTIFY, That I attended deceased from **May 15-**, 19**32**, to **August 24**, 19**32**
 I last saw h. e. alive on **August 23**, 19**32** Death is said to have occurred on the date stated above, at **4 a.m.**
 The principal cause of death and related causes of importance were as follows:

Date of onset
Acute Cardiac **Aug 23/32**
dilatation
27A 12/17
 Other contributory causes of importance:
Chronic
 Name of operation **(Mekoytectomy)** Date of **Aug 18/32**
 What test confirmed diagnosis? **(stent)** Was there an autopsy?

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.

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify **John D. Haugan** M. D.
 (Signed) **Metropolitan Hotel, St. Louis**
 (Address)

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.

