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

MAR 5 1935

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6817

Township ..... Primary Registration District No. 1003 Registered No. 1214

City St. Louis, Mo. (No. U.S. Marine Hospital, 3640 Marine Ave. St. 10 Ward)

2. FULL NAME Jake Low

(a) Residence, No. 3640 Marine Ave. St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1864

7. AGE: YEARS 70 MONTHS 2 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General labor on river steamers.
10. Date deceased last worked at this occupation (month and year) May 6, 1931
11. Total time (years) spent in this occupation Unknown

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

FATHER

13. NAME Jake Low
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

MOTHER

15. MAIDEN NAME Margaret Shelby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT (ADDRESS) G. Pinkston U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews Cem. DATE 2-4-, 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister Wm. Co. 7814 So. Broadway

20. FILED FEB -4 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1931, 19, to Feb. 1, 1935, 19

I last saw him alive on Feb. 1, 1935, 19 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

	Date of onset
Valvular heart disease, mitral insufficiency.	Oct. 1926.

Other contributory causes of importance:

Myocarditis, chr.	Oct. 1926.
Cardiac dilatation	Mch. 1927.

Name of operation None Date of

What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No

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) H. C. Knight, M. D.

(Address) H. C. Knight, A. Surg. (R) USPHS U.S. Marine Hospital, St. Louis, Mo.

Certified: S. G. Prather, med. off. Charge