JAN 13 1936

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

Do not use this space.

41219

File No. 791

Registered No. 1003

Registration District No. 10431

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 3723N. 20th. St. St. Ward)

2. FULL NAME Rose E. Lowe

(a) Residence, No. 3723 N. 20th. St. St., 26 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 Lawrence Lowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th. 1904

7. AGE: Years 30 Months 11 Days 12 If LESS than 1 day, hrs. or min.

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. Home

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

FATHER

13. NAME Anderson Howell

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

MOTHER

15. MAIDEN NAME Mabel Hoffmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Lawrence Lowe
(ADDRESS) 3723 N. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 12/11/35 19

19. UNDERTAKER Gravish Und. Co.
(ADDRESS) 3710N. Grand Blvd.

20. FILED DEC 10 1935, 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Dec. 7, 1935

I last saw h. alive on Dec 7 #5, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

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

Date of onset

Valvular disease, chronic cardiac (combined mitral)

Auricular fibrillation

Other contributory causes of importance:

Chr. pass. congestion of liver & kidneys

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? 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) Henry Rosenfield, M. D.

(Address) 508 N. Grand

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.

WHITE PLAINS, WITH CHANGE WITH THIS IS A PERMANENT RECORD

Dr. Rosenfeld Off #141
Mich. Bldg. 4-6 O.M.