19.

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 12 1936

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

Do not use this space.

7997

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 1668

City St. Louis (No. City Hospital #1 St. ..... Ward)

A-15218

2. FULL NAME John Lowrie

(a) Residence, No. 4161a St. Louis St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	7	22	

OCCUPATION

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

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

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): Ill.

FATHER

13. NAME: Francis Lowrie

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

MOTHER

15. MAIDEN NAME: Margaret Ank

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

17. INFORMANT (ADDRESS): Hosp Inf M Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Carmel Cem Belleville Ill DATE: Feb. 17th 1936

19. UNDERTAKER (ADDRESS): Schildman Und Co Granite City Ill.

20. FILED ..... 19.... J F Bredeck Registrar.

FEB 14 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1935, to 2/13, 1936

I last saw him alive on 2/13/36, 19.... Death is said to have occurred on the date stated above, at 6:50 p.m.

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

	Date of onset
Fracture left Hip recd in fall to floor at residence	12/30/35
[illegible] Dep for 2/14/36 186 a	

Other contributory causes of importance:
Pulmonary Oedema
Gelsecystitis, chr.
Urethral Strictures

Name of operation: Cystotomy Date of 2/13/36

What test confirmed diagnosis? Kea Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid Date of injury: Ab 12/28, 1935
Where did injury occur? St. Louis Mus (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury: Fall
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John R Haslem, M. D.
(Address) City Hosp #1