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

AUG 18 1936

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 29207

Township ..... Primary Registration District No. ..... Registered No. 7989

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Harvey Lowe

(a) Residence, No. City Infirmary St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Lowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	7	11	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) about 1920

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Chas. Lowe

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) W.L.Moore, M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens DATE July 30 1936

19. UNDERTAKER (ADDRESS) Math Hermann & Son 2161 E Fair Ave

20. FILED JUL 29 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, 19....., to July 27, 1936 19.....

I last saw him alive on July 27, 1936 19..... Death is said to have occurred on the date stated above, at 10:55 A.M.

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

	Date of onset
Arteriosclerotic Heart Disease	7-1-36x

Other contributory causes of importance:

Broncho Pneumonia

Cerebral Arteriosclerotic Dementia 7-1-36x

Generalized Arteriosclerotis

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) W. L. Moore, M.D. , M. D.

(Address) 5406 arsenal St.

7989

7989