

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.

NOV 4 1936

**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. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. St. Anthony's Hospital) St. \_\_\_\_\_ Ward)

339766

File No. \_\_\_\_\_  
 Registered No. 10813

**2. FULL NAME** Nettie E. Lowe

(a) Residence, No. 4602 Cleveland Ave. st. 17 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
65 3 29

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

13. NAME A. White

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

15. MAIDEN NAME Margaret Allen

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

17. INFORMANT Irene Lowe  
 (ADDRESS) 4602 Cleveland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 10/29/36

19. UNDERTAKER John L. Ziegenhein & Sons  
 (ADDRESS) 7027 Gravois Ave.

20. FILED OCT 29 1936  
J. H. Predeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27/36

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936 to Oct 27, 1936

I last saw her..... alive on Oct 26, 1936. Death is said to have occurred on the date stated above, at 3:15 A.M.

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

General Catarrh of Rectum  
melancholic Peritonitis  
 Date of onset 4602  
 Other contributory causes of importance: Catarrh of Rectum primary

Name of operation Tracheotomy Date of Feb 15 36

What test confirmed diagnosis? Pathology 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) Maxwell J. Blane, M. D.  
 (Address) 506 Olive St.

