B 7 1939 REC'D FEB 15 1939

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

3853
Do not use this space.

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1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township or — Primary Registration District No. 200 — Registered No. 224
(c) City Pine Lawn — (d) Street No. Edgewood Nursing Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME John C. Lowis
(a) Residence, No. 7409 Warwick Drive St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Stella Lowis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 30th, 1872
7. AGE: Years 66, Months 3, Days 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired
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 0

FATHER
13. NAME: Josh Lowis 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 4

MOTHER
15. MAIDEN NAME: Margaret McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): P. A. Wieting, 7409 Warwick Drive
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem DATE Feb. 9th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Drehmann Vorsal, 1905 Union Blvd.
20. FILED FEB 7 1939 19 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1938, to Feby 6, 1939
I last saw him alive on Feby 6, 1939. Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia (terminal) — Date of onset 2/4/39
9 J.A.
Other contributory causes of importance:
Cerebral hemorrhage
Chronic endocarditis (mitral insuf)
Chronic myocarditis
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) W. G. Krenning, M. D.
(Address) 4548 Harris Av

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.