REC'D MAR 13 1939

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

Do not use this space. 4843

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Barnes Hospital 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.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1536

2. PRINT FULL NAME John Low
(a) Residence, No. 5228 Page Ave St. 5
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24th 1853

7. AGE: YEARS 85 | MONTHS 10 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Bldg.
9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
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) Errol Scotland 4

FATHER
13. NAME James Low 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

MOTHER
15. MAIDEN NAME Mary L Robertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Miss Pauline L Goddard Des Peres Road Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Feb 18th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagoner Und Co 3621 Olive St.

20. FILED FEB 17 1939 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 20 A m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage resulting from fracture of S. Rally; suffered when deceased fell on porch in front of home 5228 Page Blvd on Feb. 13-1939 at about 5 45 P. m.
Date of onset
Other contributory causes of importance
Name of operation Accident 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? Accident Date of injury 2/13, 1939
Where did injury occur? St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph N. Quinn, M.D.
(Address) Deputy Coroner

(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.

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.