

DEC 13 1939 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37808

Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9617

## 1. PLACE OF DEATH:

- (a) County 2
- (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
3725 Garfield Ave.  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

## 3. (a) PRINT FULL NAME

ANDREW J. LOWERY. 600

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. 492-03-76644. Sex Male

## 5. Color or

race White

## 6. (a) Single, widowed, married,

Married

## 6. (b) Name of husband or wife

Mary S. Lowery.

## 6. (c) Age of husband or wife if

alive 72 years7. Birth date of deceased February 3, 1876.  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

6398

hr.

min.

## 9. Birthplace

Piedmont,

(City, town, or county)

Missouri

(State or foreign country)

## 10. Usual occupation

Pump Operator

## 11. Industry or business

Laclede Gas L. & P. Co. 0

MOTHER FATHER

12. Name David Lowery. 913. Birthplace Dont Know.

(City, town, or county)

(State or foreign country)

14. Maiden name Caroline Minson. 115. Birthplace Dont Know.

(City, town, or county)

(State or foreign country)

## 16. (a) Informant's own signature

Mrs. Mary S. Lowery.

## (b) Address

3725 Garfield Ave.17. (a) Burial

(Burial, cremation, etc.)

(b) Date thereof 11-14-1939

(Month) (Day) (Year)

## (c) Place: burial

Valhalla Cemetery.

## 18. (a) Signature of funeral director

Geo. L. Pleitsch Inc.

## (b) Address

5966-68 Easton Ave

## 19. (a)

NOV 13 1939

## (b)

J. Pleitsch

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City St. Louis 11  
(If outside city or town limits, write "RURAL")
- (d) Street No. 3725 Garfield Ave.  
(If rural, give location)
- (e) W. A. Pleitsch, M.D.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th.  
year 1939 hour 9:55 minute P.M. M.

## 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

## Immediate cause of death

Cerebral Occlusion  
Arteriosclerosis

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations 94

Of autopsy \_\_\_\_\_

## Duration

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? 4

(Specify type of place)

Means of injury \_\_\_\_\_

23. Signature Joseph M. Pleitsch

(M. D. or other)

Address 3725 Garfield Ave

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 3454

David C. Gibson

Registered Apprentice No. ....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton, St. Louis

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

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