

NOV 16 1940 **791**
Registration District No. _____

Primary Registration District No. _____

I. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LITTLE SISTERS OF POOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **SIX YEARS**
In this community **50 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY LOWRY**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-09-2416**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **unk** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **APRIL 9, 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **5** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business _____

12. Name **JOHN O'ROURKE**

13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name **DONT KNOW**

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **MARIE SEYFARTH**

(b) Address **5373 CLAXTON A VE.**

17. (a) **BURIAL** (b) Date thereof **10-3-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **C ALVA RY CEMETERY**

18. (a) Signature of funeral director **Arthur J Donnelly**

(b) Address **3840 LINDELL BLVD.**

19. (a) **OCT 2 1940** (b) **J. D. [Signature]**
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County _____
(c) City or town **ST. LOUIS** **20**
(If outside city or town limits, write "RURAL")
(d) Street No. **3225 N. FLORISSANT AVE.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT 30** day **30**, year **1940** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Aug. 1, 1940** to **Sept. 30, 1940** that I last saw him or her alive on **Sept. 30, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Coronary Valvular Disease** Duration **2 months**

Due to _____
Due to _____

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Anthony G. [Signature]** (M. D. or other) **M.D.**
Address **1525 W. Cass Ave** Date signed **10/1/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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*In Rickard
1525-a Linn 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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Linnell Bl*

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.