No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40598

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10369

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

1. 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: 3257 Missouri Ave 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Anna (Bucher) Low

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Low

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 4 (Day) 1881 (Year)

8. AGE: Years 59 Months 10 Days 11 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business 7

FATHER
12. Name Wm D Kerr 9
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Henry Bucher
(b) Address 3257 Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation S.S.Peter and Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) DEC 17 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3257 Missouri Ave. 24
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1940 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Dec 10, 1940 to Dec 15, 1940
that I last saw her alive on Dec 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	1 wk.
Due to Rt. ~~Left~~ lower lobe	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R B Kern (M. D. or other) M.D.
Address 2000 So Bdway Date signed 12/17/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3722.....

P. O. Address.....412 Duchouquette St

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

If this body is not embalmed, fact should be so stated above.