

S. No. 2
1-1.4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23499
State File No. 5851

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Hrs
(Specify whether

In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5821 Hamilton Ave
(If rural, give location)

(e) Citizen of foreign country? WEST. W. H. V. U. T. MANOR (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Lowes

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 15
year 1941 hour 8:45 minute P 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.

4. Sex Male 0

5. Color of race White

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

6. (b) Name of husband or wife Mary Stoll Lowes

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 21 1870
(Month) (Day) (Year)

Immediate cause of death

Duration

8. AGE: Years 70 Months 4 Days 21
If less than one day hr. _____ min. _____

Fractured Skull Hemorrhage of Brain, suffered when Deceased fell backwards down by Concrete steps leading from the basement to the rear yard at his home 5821 Hamilton Ave

9. Birthplace Columbia Bottoms Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Unemployed Labor

Major findings: 186a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Christian Lowes

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Lowes

(b) Address 5821 Hamilton Ave

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

(a) Accident, suicide, or homicide (specify) Accidents

(b) Date of occurrence July 15 1941

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

17. (a) Burial (b) Date thereof July 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Cemetery

(e) Means of injury _____

23. Signature Thomas F. Callan (Date or other) 7/17/41

Address Deputy Coroner Date signed 7/17/41

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave

19. (a) JUL 17 1941 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

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. *3737*

P. O. Address *1936 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, fact should be so stated above.