V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8894

FILED APR 8 [illegible]
Registration District No. [illegible]91

Primary Registration District No. 1003

Registrar's No. 2242

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: JEWISH HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 5
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5316 MAPLE AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

000 17 9

3. (a) PRINT FULL NAME MARGARET COOK LOWRY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WALTER M. LOWRY
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August (Month) 11 (Day) 1890 (Year)

8. AGE: Years 51 Months 6 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0
10. Usual occupation AT HOME
11. Industry or business

MOTHER FATHER
12. Name WM. J. SEDENBERG
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name PRUDENCE UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 0

16. (a) Informant WALTER M. LOWRY
(b) Address 5316 MAPLE AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) MAR 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10th year 1942 hour 1 minute 45 P M.
21. I hereby certify that I attended the deceased from AUGUST 13, 1937, to MARCH 10, 1942, that I last saw h[illegible] alive on MARCH 10, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF COLON — Duration 1 YR.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations CONSTRICTIVE LESION IN SIGMOID COLON
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? (Specify type of place)
While at work? (c) Means of injury 0

23. Signature Sam. B. Grant (M. D. or other) MD
Address 114 N. Taylor Date signed 3-11-42

(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 Wm Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.