

Registration District No. 96

Primary Registration District No. 520

Registrar's No. 1371

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Ferdinand Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Bottoms Rd. /
(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) (Specify whether

3. (a) PRINT FULL NAME

Frank Lowery

3. (b) If veteran, name war None

3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife Amanda 6. (c) Age of husband or wife if alive 58 years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace McLeansboro Ills. /
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business _____

12. Name Unknown Lowery

13. Birthplace Unknown /
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. O. W. Hildebrand,

(b) Address 6338 Lena Ave. Pine Lawn Mo.

17. (a) Burial (b) Date thereof 6-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Drehmann-Harrall

(b) Address 1905 N. Union, St. Louis, Mo.

19. (a) JUN 24 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
(c) City or town Pine Lawn (If outside city or town limits, write "RURAL") 0
(d) Street No. 6338 Lena Ave. (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Chronic Myocarditis and arteriosclerosis.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes.

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) Name of injury [Signature]
23. Signature [Signature] (M. D. or other) _____
Address Kirkwood, Mo. Date signed 6/24/42

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

MOTHER FATHER

96
0
6

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.....
Louis H Bopp..... Registered Apprentice No.....
working under my personal supervision.

Signed *Louis H Bopp*.....
Licensed Embalmer No.....

P. O. Address.....

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.