

FILED JUL 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1579

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
323 Orient Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 323 Orient Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leo Lowry

3. (b) If veteran, name war no 3. (c) Social Security No. 497-09-0418

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Arthur Lowry 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased July 31, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 11 14 hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Parson

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

14. Maiden name Dora Trickel

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

16. (a) Informant Mrs. Neva Smith

(b) Address Lemay Mo.

17. (a) Burial (b) Date thereof July 17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JUL 17 1942 (b) C. H. McJannet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1942 hour 8 minute 15 P.A.M.

21. I hereby certify that I attended the deceased from July 14
1942 to July 14 1942
that I last saw her alive on July 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hr

Due to arteriosclerosis 1 yr

Due to _____
Other conditions Chr. Essential Nephritis 6 mo
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 131a

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 C. H. Biesemeyer (M. D. or other) _____
Address 763 Lemay Ferry Rd Date signed 7-16-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

96
0
0

18

107

Mr. Bissoney
762 Lemay

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. H. Stewart

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 with the above constitutes grounds for revocation of license.)

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