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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

28202

State File No.

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1676

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Richmand Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital O
(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:**

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(a) State Mo. (b) County 17

(c) City or town 3734 St. Louis Ave. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3734 Garfield Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Baby Boy Lowery.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 5 (Day) 1942 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Wilbert W. Lowery
13. Birthplace (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Lucille Boehm
15. Birthplace (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Wilbert Lowery
(b) Address 3734 Garfield Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 7 - 1942 (Date received local registrar) (b) E. G. McGarron MD (Registrar's signature) AK

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 7
year 1942 hour 6 minute 32 A.M.

21. I hereby certify that I attended the deceased from Aug 6th, 1942 to Aug 7th 1942;
that I last saw her alive on Aug 7th, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure due to Congenital Heart Onsearing

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Patent Duct connecting Pulmonary A. to both auricles

Duration

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 U

23. Signature Raymond T. Harlin (M. D. or other) MP
Address St. Mary's Hospital Date signed 8-7-42

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(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.

Not Embalmed

Signed Albert R. Thompson Jr

Licensed Embalmer No. 4237

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.**