

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19813

State File No.
Registrar's No. 5797

ED JUL 3 1943 818

Registration District No. 1003 Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 mo. 2 days
(Specify whether In this community. 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1410 N. Pendleton
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Eva Lowry

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Nov 15 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 7 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name George Mitchell

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

14. Maiden name Fannie McSpadden

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

16. (a) Informant Fred Mitchell

(b) Address 1410 N. Pendleton ave

17. (a) Burial (b) Date thereof. 6-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. L. & Son

(b) Address 3133 Paul Ave

19. (a) JUN 25 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23, year 1943 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 21, 1943, to June 23, 1943; that I last saw her alive on June 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Tuberculosis

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

Duration Unk.

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) Means of injury.....

23. Signature Alva Moore (M. D. or other) 6/24/43
Address 2601 Whittier Date signed.....

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

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. 269 A

P. O. Address 2769 Chouteau

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.