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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22441

Registration District No. 917 Primary Registration District No. 3063 Registrar's No. 1524

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Co. Hospital
(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: 999
(a) State Nebr (b) County 25
(c) City or town 2
(If outside city or town limits, write "RURAL")
(d) Street No. Omaha
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Henry Sherman Lower
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Susan Lower
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Feb (Month) 29 (Day) 1888 (Year)

8. AGE: Years 55 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Aurora (City, town, or county) Nebr. (State or foreign country)
10. Usual occupation Attorney At Law
11. Industry or business #
FATHER
12. Name John Lower
13. Birthplace # (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Josephine Hiatt
15. Birthplace # (City, town, or county) Nebr. (State or foreign country)
16. (a) Informant Mrs. Susan Lower
(b) Address Omaha, Nebr.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Omaha, Nebr.
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.
19. (a) JUL 6 1943 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 11 minute 24 A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death From injuries received when his car, which he was operating on a public highway, turned over, caused by a tire blowout.
Due to Multiple fractures of ribs; Fractured pelvis; Extensive hemorrhage behind abdominal lining; Laceration of liver.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes.

Duration

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

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident. 096
(b) Date of occurrence June 30, 1943
(c) Where did injury occur? Hy. #66 near Dug Hill (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature Louis H. Bopp (M. D. or other)
Address Kirkwood, Mo. 7-2-43 Date signed

(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.....

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.