

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

2
-43
-39
35897

Registration District No. **18**

Primary Registration District No. **1003**

Registrar's No. **4998**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three days
(Specify whether)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 76
(If outside city or town limits, write "RURAL")

(d) Street No. 5843A Lotus Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William C. Lowe

3. (b) If veteran, name war _____ 3. (c) Social Security No. 078-05-1120

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower

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

7. Birth date of deceased Nov. 20, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>6</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Sparta, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Niedringhouse Metal

11. Industry or business _____

12. Name Samuel Lowe

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

14. Maiden name Rebna Russel

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

16. (a) Informant Alexander Lowe

(b) Address Clayton, Mo. Route (1)

17. (a) ~~_____~~ Date thereof June 1, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Crieston, Mo. Del

18. (a) Signature of funeral director Bromschwig Und. Co.

(b) Address 4746 West Florissant

19. (a) MAY 31 1944 J. F. Bussard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 5 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 29 1944 to May 31 1944
that I last saw him alive on May 31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction with gangrenous intestines

Duration 48 hrs

Due to _____

Due to _____

Work conditions 122
(Include pregnancy within 3 months of death)

Major findings: Intestinal obstruction

Of operations _____

Of autopsy _____

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) no

(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)
Means of injury _____

23. Signature James A. Forster M.D.
Address 3903 Olive Date signed 5-31-44

DEC 8 1945

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.....

W. W. Wilkinson

Licensed Embalmer No.....

3575

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.