

S. No. 2
M-8-43
5-17-39
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36136

State File No.

Registrar's No. 9571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 yr 8mos 18ds.
In this community 74 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 702 N. 4th St.
578 1/2 Arsenal St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED LOWRY
3. (b) If veteran, name war -- 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 10
year 1944 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from
Febr. 22 44, 1944, to Nov 10 44
that I last saw h. im alive on Nov 10 44
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

Immediate cause of death
Diabetis Militus 1 yr.
Gangrene Left Foot 4 mos.

7. Birth date of deceased March 12 1870
(Month) (Day) (Year)
8. AGE: Years 74 Months 7 Days 28 If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Boilermaker
11. Industry or business Rohan Boiler Works.

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) Means of injury

MOTHER FATHER
12. Name Thomas Lowry
13. Birthplace not known Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Anderson
15. Birthplace not known Ireland
(City, town, or county) (State or foreign country)

23. Signature Dean Romaine Bowler M. D. or other
Address 5400 Arsenal Date signed 10/10/44

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal
17. (a) Burial (b) Date thereof Nov. 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of the Joseph J. Bradeck
(b) Address 1431 Union Blvd
19. (a) NOV 11 1944 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

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

844

(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 *Howard A. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St. Louis Mo*

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.