

DEPARTMENT OF COMMERCE
FILED DEC 1 1945 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2671

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 County 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:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1, Box 118
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Alexander Gamble Lowe

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 16th
year 1945 hour 8.00 minute p M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

7. Birth date of deceased February 3 1877
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Extensive abrasions and lacerations and fracture of base of skull Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>14</u>	hr. _____ min.

Due to Accident 1700

Due to Pedestrian struck by auto

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

10. Usual occupation Caretaker

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy None

11. Industry or business Frank Davis Farm

MOTHER FATHER { 12. Name Samuel Stephenson Lower

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

14. Maiden name Rebecca Mary Russell

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant R.D. Lowe

(b) Address Santa Monica, Calif.

17. (a) Removal (b) Date thereof 11-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coulterville, Ill.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence Nov. 16th 1945

(c) Where did injury occur? St. Louis Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway

While at work? no (Specify type of place) Means of injury Blunt Imp.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 11-23-45 (b) Ed. J. Sarant
(Date received local registrar) (Registrar's signature)

23. Signature Arnold J. Wilmann Coroner

Address Clayton, Mo. Date signed 11-23-45

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

DEC 13 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..... *Elmer B. Caldwell*

Licensed Embalmer No..... *4077*

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.