

S. No. 2
DM-5-43
v. 5-17-39
X 36671

74210
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14958

FILED MAY 10 1946
318

Registration District No. Primary Registration District No. 1003 Registrar's No. 3935

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution..... Memorial
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No. 112 1/2 N. 6th St.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN EDWARD LOWE
3. (b) If veteran, name war..... Unknown
3. (c) Social Security No. Unknown

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. October 12 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 15 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER
12. Name Phillip Lowe
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Louise Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant M. Rennard
(b) Address City Hospital
17. (a) Removal (b) Date thereof 5-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brighton, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 30 1946 (b) J. T. Braebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27th
year 1946 hour 12:10 minute P M.
21. I hereby certify that I attended the deceased from 4/18/46
19..... to 4/27/46 19.....
that I last saw h im alive on 4/27/46 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary - vascular accidents Duration 3 hrs
Due to antecedence
Due to 83
Other conditions Hemorrhoids
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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)
While at work? (e) Means of injury.....
23. Signature 1515 Lafayette 4/29/46
Address 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 Elmo R. Sadwell
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.