

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1515 N. Spring Ave.
(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)

3. (a) PRINT FULL NAME Mary Lowe

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Lorenzo J. Lowe 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 27th., 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 26 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John McGroarty
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Unknown
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. L. J. Lowe
(b) Address 4110 Clarence Ave.

17. (a) Burial (b) Date thereof 5-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd.

19. (a) MAY 24 1946 (b) J. J. Bredes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 N. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 23rd.,
year 1946 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from
May 19, 1946 to May 23, 1946
that I last saw her alive on May 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 5 days
Due to Hypertensive Cardio-renal disease 15 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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).....
(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) (e) Means of injury.....
23. Signature Arthur J. Donnell (M. D. or other) 5/24/46
Address 3720 Washington Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

17535

11-12

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 Stanley Marshall
 Licensed Embalmer No. 2868
 P. O. Address 3840 Kinsella

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.