

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 5065

FILED JUN 20 1946  
318

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:  
1373 Blackstone Ave., St. Louis  
(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  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1373 Blackstone Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Lowe

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 7 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 5 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business none

12. Name George Pardue

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

14. Maiden name Cordile Kraig

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

16. (a) Informant Mrs Amy D. Leising

(b) Address 1373 Blackstone Ave.

17. (c) Burial (b) Date thereof June 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns - Man chester

18. (a) Signature of funeral director Joseph Leising

(b) Address 1389 Union Blvd

19. (a) JUN 6 1946 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1946  
that I last saw her alive on 6/3/46  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arterio-sclerotic Heart Disease  
Duration 4 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 94 a  
(Include pregnancy within 3 months of death)

Major findings: no  
Of operations \_\_\_\_\_

Of autopsy was

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John R. Nixon (M. D. or other) MD

Address Maplewood Mo Date signed 6/5/46

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

20897

2648

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**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..... *R. E. Campbell*

Licensed Embalmer No..... *5881*

P. O. Address..... *W. Davis, 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.**