No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19098

Registrar's No. 5220

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)

In this community: About 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 4435 Kennerly
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Richard Lowe

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Jennie Lowe

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: July (Month) 6 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	16	hr. min.

9. Birthplace: Unavailable, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation: Custodian

11. Industry or business:

FATHER
12. Name: Unavailable
13. Birthplace: " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: "
15. Birthplace: " (City, town, or county) (State or foreign country)

16. (a) Informant: Jennie Lowe
(b) Address: 2806 N. Newstead

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem

18. (a) Signature of funeral director: Chas. J. Gates
(b) Address: 4107 Finney Avenue

19. (a) MAY 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1947 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from 5-11, 1947 to 5-22, 1947 that I last saw him alive on May 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Edw. B. Williams (M. D. ~~or other~~)
Address: 2601 N Whittier Date signed: 5/23/47

Jefferson City Printing Co.

(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 John Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.