7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947 318

Registration District No. #32319

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25803

Primary Registration District No. 1003

Registrar's No. 6560

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County no
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. Ozanam Shelter 3225 Montgomery 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME THOMAS H. LOWE
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced ~~married~~ divorced 2
6. (b) Name of husband or wife Thursea
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4 (Day) 1867 (Year)
8. AGE: Years 80 Months 4 Days 7 If less than one day hr. min.
9. Birthplace Columbus, Indiana (City, town, or county) (State or foreign country) 1
10. Usual occupation Unemployed
11. Industry or business
MOTHER FATHER
12. Name Minus Lowe 4
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Mary Greenfield
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Thursea Lowe
(b) Address 6948 Hancock
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.
19. (a) JUL 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1947 hour 2:35 minute A M.
21. I hereby certify that I attended the deceased from 3/31/47, 19..., to July 11th 19 47, that I last saw him alive on July 11th 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Sclerotic Heart
Due to Disease of pulmonary
Due to Atelectasis Congestion
Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cardiac — Bronchopneumonia

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) 0
While at work? (Specify nature of injury)
23. Signature Robert L. Gilbert (M. D. or other) MD
Address 1515 Lafayette Date signed 7/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) ROBERT L GILBERT

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 a a Smither

Licensed Embalmer No. 3916

P. O. Address 3934 No 20th St

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.