NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791 2

35750
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9327

(c) City St. Louis (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LOWY, FELIX,

(a) Residence, No. ..... St. NR MILWAUKEE, WISC.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Felix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1888

7. AGE: Years 49 | Months 0 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mgr Holeproof

9. Industry or business in which work was done, as saw mill, bank, etc. Hosiery Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland Baltimore

FATHER

13. NAME Leo Lowy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Alfred Lowy New York Cy

18. BURIAL, CREMATION, OR REMOVAL PLACE Milwaukee Wis. DATE Oct 5 1937

19. FUNERAL DIRECTOR (ADDRESS) A E Ellis 5440 Delmar

20. FILED OCT 50 1937 J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5. 1937

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 6 1937 to Oct 5 1937

I last saw him alive on Oct 5 1937. Death is said to have occurred on the date stated above, at 4 50 a.m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF LUNG — Date of onset JUL. 1937

Other contributory causes of importance:
CHRONIC EMPYEMA
ACUTE FIBRINOUS PERICARDITIS
CEREBRAL - EMBOLUS

Name of operation PNEUMONECTOMY Date of 9-9-37

What test confirmed diagnosis? BIOPSY Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Hoffner, M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

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.)