

STANDARD CERTIFICATE OF DEATH

22929

State File No.

Registrar's No.

6259

Filed AUG 6 1942 791

Registration District No.

1003

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

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:  
3721 Garfield 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3721 Garfield Ave. (If rural, give location) 9 11  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LULA MAE LOWERY.

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 Married

6. (b) Name of husband or wife Leo D. Lowery. 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 22, 1891.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 2 0 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business at home

12. Name Edmond Tredway.

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

14. Maiden name Don't know.

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

16. (a) Informant Mr. Leo D. Lowery

(b) Address 3721 Garfield Ave.

17. (a) Burial (b) Date thereof 7-25-1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUL 24 1942 (b) J. F. Tredway  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd.  
year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-1-42  
1942 to 7-22-42 1942

that I last saw h. w. alive on 7-22- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death convulsions  
adrenors disease

Due to carcinoma of  
left adrenal gland

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no.

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_  
(Specify type of place)

23. Signature J. F. Tredway (M. D. or other) \_\_\_\_\_  
Address 628 Knox Blvd Date signed 7-27-42

MOTHER FATHER  
copy of

Duration  
5 months  
PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

Dr. G. J. Fuchs.  
608 Kingsland Ave.  
3 to 4 P.M.  
Cabanny 8400

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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 3454

David C. Gibson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. 5966 Easton 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.**

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
City of St. Louis } ss.  
County of St. Louis }

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6259

On this 29<sup>th</sup> day of April, 1943, before me appears Leo D Lowery.

....., who, upon his oath, states that the original record of ~~birth~~ death  
for Lulu Mae Lowery died July, 22<sup>nd</sup>, 1942 in the State of  
Missouri, and which was filed at St. Louis, Mo. on July-24, 1942, should be corrected as follows:

Item No. 3-A should read Lulu M. Lowery

Instead of Lulu Mae Lowery.

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Leo D Lowery Husband  
Relationship.

3741 Garfield ave  
Present Address.

Subscribed and sworn to before me this 29 day of April, 1943.

My Commission expires My Commission Expires March 4, 1944 Edna C Jaddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-22929