V. S. No. 2
DM—9-4-41
ev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29348

FILED SEP 11 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2011

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/25/43 (Specify whether
In this community Since that time.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 947

(a) State Illinois. (b) County Madison. 11

(c) City or town Alton. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3310 Mayfield.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Lowe, Joyce C.

3. (b) If veteran, name war World War #I

3. (c) Social Security No. 328-07-808

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married Mar. 20 1

6. (b) Name of husband or wife Irene

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 12, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	24	hr. min.

9. Birthplace Alton, Madison Co. (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Salesman.

11. Industry or business Unknown.

FATHER
12. Name Arthur Lowe.
13. Birthplace Alton, Ill. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Clara Cooper
15. Birthplace Alton (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant Government Records

(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois.

18. (a) Signature of funeral director Robert H. Streeper

(b) Address 2521 Edwards St. Alton, Ill.

19. (a) SEP 8 - 1943 (Date received local registrar) (b) E. D. McGarran (Registrar's signature) 7-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th year 1943 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from August 25th 1943 to September 12th 1943 that I last saw him alive on September 12th 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma, urinary bladder, extensive with metastases to prostate and pelvis.	Unknown
XXXX	
XXXX	
Other conditions Anemia, secondary (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations None performed
Of autopsy None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? Means of injury 0

23. Signature L. M. COCHRAN, M.D., (M.D. or other)

Address Chief Medical Officer Date signed 9/5/43
Vet. Adm. Fac., Jeff. Bks., Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1947

FEB 20 1947

OCT 20 1946

NOV 29 1944

SEP 27 1946

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.....Robert H. Streeper.....

Licensed Embalmer No.....2474.....

P. O. Address.....Alton, Ill.....

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 of Illinois
County of Madison } ss.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

RECD MAR 6 1944

On this 1st day of October, 1943, before me appears Robert H. Streeper, who, upon His oath, states that the original record of death for Joyce Cooper Lowe died September 5, 1943, in the State of Missouri, and which was filed at St. Louis County, Mo. on Sept. 7, 1943, should be corrected as follows:

Item No. 17 (b) should read September 9, 1943

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

Item No. should read

Instead of

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

(SEAL)

Affiant Robert H. Streeper Funeral Director.
Relationship.

2521 Edwards St. Alton, Illinois.
Present Address.

Subscribed and sworn to before me this 1 day of October, 1943.

My Commission expires Jan. 24 1947 Earl F. Brown Notary Public.

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

S. 135
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X33820

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