

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29094**

FILED SEP 21 1948

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **282**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1803 N. West End Boulevard
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH JANE LOWES

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 31 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 16 hr. min.

9. Birthplace Cape Girardeau, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shop

11. Industry or business _____

12. Name Leonard Lowes

13. Birthplace Jackson, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Heleen J. Alexander

15. Birthplace Evansville, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Lowes

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Sept. 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetary

18. (a) Signature of funeral director Walther's Funeral Home

(b) Address Cape Girardeau, Mo.

19. (a) 9-17-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1948 hour 4 Am minute — M.

21. I hereby certify that I attended the deceased from August 31, 1948, to Sept 16, 1948,
that I last saw her alive on Sept 16, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure
Due to Prematurity

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 159
Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(c) Means of injury _____
Signature John Crowe (M. D. or other)
Address Cape Girardeau Date signed 9/17/48

Duration 48 hrs
16 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 948-1190
Date Filed 9-20-48

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 Virgil H. Heleh

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau-Mo.

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.