

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15998
2115

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 6002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ja akson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Cyrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Our Lady Of Mercy Home			d. STREET ADDRESS (If rural, give location) 918 E. 9th. St.		
3. NAME OF DECEASED (Type or Print) Blanche			a. (First) R.	b. (Middle) LOEW	c. (Last) LOEW
4. DATE OF DEATH 5 / 14 / 49		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1857		9. AGE (In years last birthday) 92	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) London, England	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Arthur S. Wolff		13b. MOTHER'S MAIDEN NAME Sarah Ansel	
14. NAME OF HUSBAND OR WIFE Leopold Loew		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Lambert B. Cain, 900 E. 77 Terr., K.C. ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac De-compensation ANTECEDENT CAUSES Due to (b) Gen'l arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) none 45°			INTERVAL BETWEEN ONSET AND DEATH 10 days 10 yrs
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE no (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 26 Dec., 1947 , to 14 May, 1949 that I last saw the deceased alive on 2 May, 1949 , and that death occurred at 1:10 p.m. , from the cause and on the date stated above.					
23a. SIGNATURE F. H. Wallace (Degree or title) M.D.			23b. ADDRESS 1102 Grand Ave K.C. Mo		23c. DATE SIGNED 14 May 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-14-49		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) Brownsville, Texas		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS K.C., Mo.		DATE REC'D BY LOCAL REG. 5-14-49 REGISTRAR'S SIGNATURE Steraldine Holmes	

(Licensed Embalmer's Statement on Reverse Side)

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

DR. F. H. WAKEFIELD
6023 TRACY - AFTER 6:30 P.M. SAT.
Vi. 8531 - OFFICE
Hi. 1730 - HOME
(Lo. 5912)

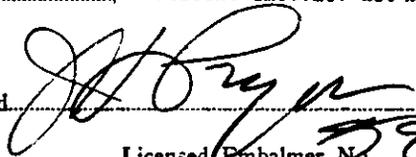
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____


Licensed Embalmer No. 2295
P. O. Address 1100

Signed _____
Student Embalmer

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.