No. 300
10-48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35618

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2584

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY
c. LENGTH OF STAY (In this place): 2 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8539 ORCHARD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY 4376
d. STREET ADDRESS (If rural, give location): 8539 ORCHARD

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle): K
c. (Last): LOWE

4. DATE OF DEATH (Month) (Day) (Year): OCT-23-1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: [illegible]-20-1875
9. AGE (In years last birthday): 75 — If under 1 year: Months 3, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ALTON - ILL
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: GEORGE STROHBECK
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: JAMES E. LOWE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Glenn Lowe — ADDRESS: 8539 Orchard University City

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.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chr. passive congestion	1 wk.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardiac decomp.	1-2 wk.
DUE TO (c)	arteriosclerosis	5 yr
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	fibrosis of lungs	5-10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4500
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1950, *to* Oct. 22, 1950, *that I last saw the deceased alive on* Oct 22, 1950, *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George W F Lynn M.D.
23b. ADDRESS: 6153 Nat. Bridge
23c. DATE SIGNED: 10/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL O
24b. DATE: OCT-25-1950
24c. NAME OF CEMETERY OR CREMATORY: NEW BETHLEHEM CEM
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY-MO

DATE REC'D BY LOCAL REG.: 10-24-50
REGISTRAR'S SIGNATURE: G R Domke MD/mb
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Tannee — ADDRESS: 6107 Natural Bridge

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elton B. H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.