

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6375
1808

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4512 McPherson		d. STREET ADDRESS (If rural, give location) 4512 McPherson		2123		
3. NAME OF DECEASED (Type or Print) Lydia		a. (First)		b. (Middle) Lowe		
c. (Last)		4. DATE OF DEATH Feb. 22, 1951		(Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		
8. DATE OF BIRTH Oct. 10, 1882		9. AGE (In years - last birthday) 69		IF UNDER 1 YEAR Months Days		
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) Missouri U		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME unknown Dill		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William G. Lowe		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. G. Lowe, 4512 McPherson		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left femur</u>		DUE TO (b) _____ DUE TO (c) _____				4 mos
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H55DF		
22. I hereby certify that I attended the deceased from <u>Oct.</u> , 19 <u>42</u> , to <u>2-22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-22</u> , 19 <u>51</u> , and that death occurred at <u>11 a</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Samuel V. Raley M.D.</u>		23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>2-23-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion emetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>				
DATE REC'D BY LOCAL REG. <u>FEB 23 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Locater</u>				

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

Earl

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.

Student
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. *3749*

P. O. Address *St Louis 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.