

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10269

State File No. ....

FILED MAR 22 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1888

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Pacific Hosp.		d. STREET ADDRESS (If rural, give location) 15 4234 Giles Ave. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) A. c. (Last) Lowe			4. DATE OF DEATH (Month) (Day) (Year) 2/26/52
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Oct. 15, 1899
9. AGE (In years less birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman Mo. Pacific RR	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Lloyd Lowe	
13b. MOTHER'S MAIDEN NAME Frances Fleiter		14. NAME OF HUSBAND OR WIFE Olivia	
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. 702-14-6632	
17. INFORMANT'S SIGNATURE OR NAME Olivia Lowe--		ADDRESS 4234 Giles Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Captured Heart. Multiple Lvs. suffered when deceased jumped from 4th fl window of apartment into Mo Pac. Hosp. 655 So Grand Blvd. on Feb 26, 1952 at about 9:45 pm - Suicide while suffering from temporary mental aberration</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Blind. in Feb 26, 1952 at about 9:45 pm - Suicide while suffering from temporary mental aberration</i></p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 26 6:29 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 6'9"78" X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:20 P.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Patrick E Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 2.28.52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/1/52		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	
24d. LOCATION (City, town, or county) (State) Rhineland, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Welderle 3634 Gravois	
DATE REC'D BY LOCAL REG. FEB 28 1952		REGISTRAR'S SIGNATURE Carl Smith mo	

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

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.