

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18945

MAY 27 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1291

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis County</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i> b. COUNTY <i>St. Louis</i>		
b. CITY OR TOWN <i>Normandy</i>		c. LENGTH OF STAY (in this place) <i>25 YRS</i>	c. CITY OR TOWN <i>NORMANDY</i>		4171
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>			d. STREET ADDRESS (If rural, give location) <i>7607 WARBISK</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i>		b. (Middle) <i>E.</i>	c. (Last) <i>Lowther</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 14 1952</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 27 1873</i>	9. AGE (In years last birthday) <i>78</i>	10. MONTHS <i>10</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at HOME</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Charles R. Homes</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Noel</i>	14. NAME OF HUSBAND OR WIFE <i>Francis Lowther</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Francis Lowther</i>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis general</i>			<i>3 1/2 yr.</i>
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
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) <i>4200</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <i>2-15</i> , 19 <i>52</i> , to <i>5-14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-30</i> , 19 <i>52</i> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Chas. Jost, M.D.</i>		23b. ADDRESS <i>2500 N. Grand</i>		23c. DATE SIGNED <i>5-16-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-17-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Peter & Paul</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>		
DATE REC'D BY LOCAL REG. <i>5-16-52</i>		REGISTRAR'S SIGNATURE <i>Herbert R. Dombke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sam Muller</i>		ADDRESS <i>5041 Delmar</i>

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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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address S. F. ...

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.