

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36611

State File No. ....

9476

FILED NOV 12 1952

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|--|----------------------------------|--|---|--|---|--|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____   |   | Registrar's No. _____                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | c. LENGTH OF STAY (in this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>                              |   | 2142                                       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnate Word Hospital</b>   |                                  |  |   | d. STREET ADDRESS (If rural, give location)<br><b>5753 Oleatha Ave.</b>  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>JENNIE</b><br>b. (Middle) <b>T.</b><br>c. (Last) <b>LOWE</b>   |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Oct. 13 1952</b> |  |   |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>   | 8. DATE OF BIRTH<br><b>March 1, 1884</b>                        |  | 9. AGE (In years last birthday)<br><b>68</b>                                | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Mins. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Marker-Famous Barr Co.</b>   |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                         |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |
| 13a. FATHER'S NAME<br><b>John Lowery</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Jane Brennan</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Late Walter Lowe</b>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Robert Dietmeyer 5753 Oleatha Ave.</b>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>                                    |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Death Certificate Cause of Death</b><br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <b>Coronary Heart Disease</b><br>DUE TO (c) <b>Cardiac Hypertrophy</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i><br><b>Vertical Fracture</b> |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 yrs</b><br><b>8 yrs</b><br><b>2-3 wks</b> |
| 19a. DATE OF OPERATION _____   |                                  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min.) _____   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><b>4343</b>  |   |  |  |
| 22. I hereby certify that I attended the deceased from <b>October 4, 1952</b> , to <b>October 13, 1952</b> ; that I last saw the deceased alive on <b>October 13, 1952</b> , and that death occurred at <b>8:25 A.M.</b> , from the causes and on the date stated above. |                                  |  |   |  |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>Dr. J. J. Smith M.D.</b>  |                                  |  |   | 23b. ADDRESS<br><b>3258 LAFAYETTE AVE</b>  |   | 23c. DATE SIGNED<br><b>10-14-52</b>        |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____  |                                  | 24b. DATE<br><b>Oct. 16, 1952</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cem.</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b>   |  |  |
| DATE REC'D BY LOCAL REG. <b>OCT 14 1952</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>J. J. Smith M.D.</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway Bl</b>  |   |  |  |

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

*Edwin A. M. Bennett*

Licensed Embalmer No. 3024

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.