

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1954

State File No. **35650**
8991

BIRTH NO. _____ REG. DIST. NO. **318** 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 (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place) 3 MO.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2624a LOUISIANA AVENUE		d. STREET ADDRESS (If rural, give location) 2624a LOUISIANA AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) IRA	b. (Middle) C.	c. (Last) LOWE	4. DATE OF DEATH (Month) (Day) (Year) OCT. 2, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 15, 1915	9. AGE (in years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSEMBLER	10b. KIND OF BUSINESS OR INDUSTRY LINCOLN ENG. CO.	11. BIRTHPLACE (State or foreign country) PALMYRA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME IRA D. LOWE	13b. MOTHER'S MAIDEN NAME GEETRUDE HUTCHINSON	14. NAME OF HUSBAND OR WIFE IDA MAY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW 2	16. SOCIAL SECURITY NO. 703-01-2723	17. INFORMANT'S SIGNATURE OR NAME IDA MAY LOWE ADDRESS 2624a LOUISIANA AVENUE
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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		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma		
	ANTECEDENT CAUSES DUE TO (b) _____ 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 9/15/54	19b. MAJOR FINDINGS OF OPERATION Epidermoid carcinoma metastatic to abdomen	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 162X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **April 1952** to **Oct 2, 1954**, that I last saw the deceased alive on **Oct 2, 1954**, and that death occurred at **4:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold A. Hoffman M.D. (Degree or title)	23b. ADDRESS 16 Hampton Valley	23c. DATE SIGNED 10/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE OCT. 5, 1954	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
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DATE REC'D BY LOCAL REG. OCT 4 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 807 FINESTREET U. & L. CO. 7814 S. BROADWAY ST. LOUIS, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 5 1957
MAY 29 1957

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 *Harry J. Skumacke*

Licensed Embalmer No. *2679*

P. O. Address *7814 1/2 Broadway*

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.