

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38977**
Registrar's No. **10176**

FILED DEC 13 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Brentwood <i>451</i>	
c. LENGTH OF STAY (in this place) 7 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home.		e. STREET ADDRESS (If rural, give location) 1550 E. Swan Circle	
3. NAME OF DECEASED a. (First) Effie b. (Middle) M. c. (Last) Lowish			4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 23, 1877.
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Vigo County, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Helmstetter	
13b. MOTHER'S MAIDEN NAME Parsia Dickerson		14. NAME OF HUSBAND OR WIFE Murry F. Lowish (DCSD)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Max M. Lowish		ADDRESS 1550 E. Swan Circle	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid Colon with multiple metastases		3 yrs 1 yr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Metastatic lesions to brain, chest, etc. Arteriosclerotic heart disease			
19a. DATE OF OPERATION Sept. 1952		19b. MAJOR FINDINGS OF OPERATION Cancer of Sigmoid Colon	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 153X			
22. I hereby certify that I attended the deceased from August, 1952 , to November 6, 1954 , that I last saw the deceased alive on Nov. 5, 1954 , and that death occurred at 12:25A m. , from the causes and on the date stated above.			
23a. SIGNATURE Edward Nafe Kerr		23b. ADDRESS MD 9 4500 Blair St. Louis, Mo	
23c. DATE SIGNED 11/8/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-6-54	
24c. NAME OF CEMETERY OR CREMATORY Highland Lawn Cem.		24d. LOCATION (City, town, or county) (State) Terre Haute, Indiana	
DATE REC'D BY LOCAL REG. NOV 9 1954		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
REGISTRAR'S SIGNATURE J. Carl Smith MD		ADDRESS 4700 Washington.	

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.....
Signature of Student Embalmer

Signed *John S. Penne*.....
Licensed Embalmer No. *419*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.