

STANDARD CERTIFICATE OF DEATH

State File No. 11968

No. 300
10.48

FILED JAN 18 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11968

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, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1		STREET ADDRESS (If rural, give location) 12 5054 Washington		2129 0			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) b. (Middle) E. c. (Last) LOWE		4. DATE OF DEATH (Month) (Day) (Year) 12 30 54			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 30, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Indiana			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Peter Lowe		13b. MOTHER'S MAIDEN NAME Elmira Clem			
14. NAME OF HUSBAND OR WIFE Mabel Grace Lowe		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 480-10-7767			
17. INFORMANT'S SIGNATURE OR NAME Mabel Grace Lowe		ADDRESS 5054 Washington					
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho - Pneumonia ANTECEDENT CAUSES Chronic Pyelonephritis 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 Cirrhosis liver Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) m.		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 12-27, 1954, to 12-30, 1954, that I last saw the deceased alive on 12-30, 1954, and that death occurred at 5:30 P m., from the causes and on the date stated above.							
23a. SIGNATURE Leo P. ... MD		(Degree or title)		23b. ADDRESS 1515 Lafayette Ave.			
23c. DATE SIGNED 12-31-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial-removal		24b. DATE Motor 1-3-54			
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.		24d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)			
DATE REC'D BY LOCAL REG. JAN 3 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.			

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

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 *David You Fossan*.....

Licensed Embalmer No. *434*.....
P. O. Address *6322 So. L.*.....

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.