

FILED JAN 18 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43794**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11761**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Kingshighway & Lotus** e. STREET ADDRESS (If rural, give location) **2069 4964 Lotus Ave**

3. NAME OF DECEASED a. (First) **Katherine** b. (Middle) _____ c. (Last) **Lowery** 4. DATE OF DEATH (Month) (Day) (Year) **Dec. 24 1954**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **April 5, 1877** 9. AGE (In years last birthday) Months Days Hours Min. **77**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housework** 10b. KIND OF BUSINESS OR INDUSTRY **home** 11. BIRTHPLACE (City and State or Foreign Country) **Breese Ill.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Habich** 13b. MOTHER'S MAIDEN NAME **Regina Boade** 14. NAME OF HUSBAND OR WIFE **George Lowery**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **George Lowery 4964 Lotus Ave.**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: **Laceration of the heart by fractured rib; suffered when struck by car operated by one Joseph Perez, at intersection of Kingshighway and Lotus Ave., about 11:00 a.m. Dec 24, 1954.**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
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 **Accident** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) **street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo. Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Dec 24 54 11:00 a.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E8124**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:54 a.m.**, from the causes and on the date stated above. **25**

23. SIGNATURE **Patrick C. Taylor Carouse** (degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **12.27.54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **12/29/54** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **DEC 27 1954** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Buchholz Mortuary 5967W Florissant**

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 *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *H. Haines*

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.