

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 14 1957

STANDARD CERTIFICATE OF DEATH

18989

STATE FILE NUMBER 4952

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 01 <i>Dr. H. Greer Ave. 5542 Greer Ave.</i>		Length of stay in lb 16 yrs.	d. STREET ADDRESS 5542 Greer Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alberta Middle I. Last LOWERY			4. DATE OF DEATH Month 5 Day 24 Year 57			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 27, 1913	9. AGE (In years last birthday) 43	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector-Ret.		10b. KIND OF BUSINESS OR INDUSTRY Carburetor	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Richard Walther			14. MOTHER'S MAIDEN NAME Emma Mundwiller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-18-2144	17. INFORMANT Address Walter Lowery, 5542 Greer Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>1. Pulmonary Congestion</i> Conditions, if any, which gave rise to above cause. (a), stating the underlying cause last. } DUE TO (b) <i>2. Chronic Pancreatitis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 587.1					INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>1:00 P.M.</i> to <i>5:55</i> and last saw <i>her</i> <i>him</i> alive on <i>5/27/57</i> Death occurred at <i>1:00 P.M.</i> a m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Joselyn M. Zeman Deputy 3</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>5/27/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5/28/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
24. FUNERAL DIRECTOR <i>Drehmann-Harral</i>		ADDRESS <i>1905 Union</i>	25. DATE RECD. BY LOCAL REG. <i>MAY 27 1957</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by; Student Embalmer No.
working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed *Warren P. Carr*.....

Licensed Embalmer No. *357*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.