

XC # 343 02 13

SL 1242 FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33811

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

8198

Registration No.

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN SPRINGFIELD | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP. | | | | Length of stay in lb 34 DAYS | | d. STREET ADDRESS (If outside, give location) 1205 NORTH 14TH | |
| 3. NAME OF DECEASED (Type or print) First THOMAS Middle W. Last LOWE SR. | | | | 4. DATE OF DEATH Month 9 Day 2 Year 57 | | | |
| 5. SEX MALE | | 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 9-16-95 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER | | | | 10b. KIND OF BUSINESS OR INDUSTRY CHURCH | | 9. AGE (In years last birthday) 61 | |
| 11. BIRTHPLACE (City and state or country) LITCHFIELD, ILLINOIS | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13. FATHER'S NAME SAMUEL LOWE | | | | 14. MOTHER'S MAIDEN NAME MARGARET ROACH | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW II | | | | 16. SOCIAL SECURITY NO. 351-18-5060 | | 17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA | | | | | | INTERVAL BETWEEN ONSET AND DEATH UNKNOWN | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE | | | | | | UNKNOWN | |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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.) 434.1 | | | | |
| 20c. TIME OF INJURY Hour VA Month 9 Day 2 Year 57 | | | | | | | |
| 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 7:30-57 to 9-2-57 and last saw him alive on 9-2-57 Death occurred at 12:55 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE HERBERT K. N. LUKE M. D. | | | | 22b. ADDRESS VAH, ST. LOUIS, MISSOURI | | 22c. DATE SIGNED 9-2-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE 9-2-57 | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) Litchfield, Illinois | |
| 24. FUNERAL DIRECTOR John J. Kassly, E. St. Louis, Ill. | | | | 25. DATE RECD. BY LOCAL REG. SEP 3 57 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | |

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

Not Embalmed

Signed *Joseph J. [Signature]* Licensed Embalmer No.

P. O. Address 7541

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.