

58-007509

STATE FILE NUMBER

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1473

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. #1.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2119 3950 Kennerly		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last TOM A. LOWE			4. DATE OF DEATH Month Day Year FEB. 5, 1958			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1911	9. AGE (In years last birthday) 46	FUNDER YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Taft Oklahoma		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Powell Lowe		13b. MOTHER'S MAIDEN NAME Anna Lowe		
14. NAME OF HUSBAND OR WIFE Elnora Lowe		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. Unknown		
17. INFORMANT Elnora Lowe		Address 3950 Kennerly		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Malignant Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 445x		
19. INTERVAL BETWEEN ONSET AND DEATH		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 St. Louis		COUNTY St. Louis		STATE MO.		
21. I attended the deceased from Death occurred at 1-23-58 to 2/5/58 and last saw her/him alive on 2/5/58 in on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. E. Arsu N.D.		22b. ADDRESS 1515 LAFAYETTE AVE. 2		
22c. DATE SIGNED 2/6/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Shipping		23b. DATE 2/8/58		
23c. NAME OF CEMETERY OR CREMATORY Taft Cemetery		23d. LOCATION (City, town, or county) Taft Oklahoma		(State)		
24. FUNERAL DIRECTOR E. B. Koonce		ADDRESS 1221 N. Grand		25. DATE RECD. BY LOCAL REG. FEB 8 '58		
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		S.P.				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 *James J. [Signature]*

Licensed Embalmer No. *4755*

P. O. Address *1221 N. [Address]*

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.