

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-039586**

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2979 STATE FILE NUMBER

**FILED NOV 15 1961**

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b 8-wks.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St. Louis Inside Limits Yes  No   
 c. CITY OR TOWN St. Louis  
 d. STREET ADDRESS (If outside, give location) 4606 Jamieson Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Eugene Middle A. Last Lowry  
 4. DATE OF DEATH Month October Day 22nd. Year 1961  
 5. SEX M. 6. COLOR OR RACE W. 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 2/16/1901 9. AGE (last birthday) 60  
 IF UNDER 1 YEAR Months    Days    IF UNDER 24 HR Hours    Min.     
 10a. USUAL OCCUPATION (Give kind of work done or nature of business if retired) Retired - Auto Dealer 10b. KIND OF BUSINESS OR INDUSTRY     
 11. BIRTHPLACE (City and state or county) Waterloo, Ill. 12. CITIZEN OF WHAT COUNTRY U.S.  
 13a. FATHER'S NAME Peter Lowry 13b. MOTHER'S MAIDEN NAME Mary Shields 14. NAME OF HUSBAND OR WIFE Mrs. Pernice Lowry  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service.) no 17. INFORMANT Address Mrs. Bernice Lowry, 4606 Jamieson 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) Liver failure  
 DUE TO (b) metastatic ca of liver  
 DUE TO (c) adenoca of colon  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE   
 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   

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 July '59 to Oct 61 and last saw her alive on 10-21-61  
 Death occurred 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] MD. 3915 WATSON RD 22c. DATE SIGNED 10-23-61  
ST LOUIS 9 Mo.  
 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED 23b. DATE 10/25/1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 40 Lindell Blvd. 25. DATE RECD. BY LOCAL REG. 10-24-61 26. REGISTRAR'S SIGNATURE [Signature]  
2-1-1960

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

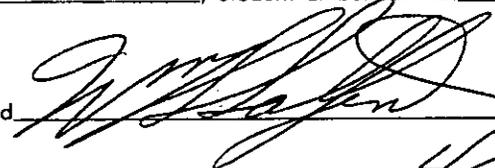
BY AFFIDAVIT OF

130 - 4 pm.

**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 

Licensed Embalmer No. 4699

P. O. Address 3840 Denial

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.