

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

**-61-046577**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11714**

STATE FILE NUMBER

AMENDED

**FILED DEC 21 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2923 Lucas Ave.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2923 Lucas Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Ennis</b> Middle Last <b>Lowe</b>			4. DATE OF DEATH Month <b>12</b> Day <b>14</b> Year <b>61</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-3-96</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Yezoo Mississippi</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Levy Lowe</b>		13b. MOTHER'S MAIDEN NAME <b>Angelne Green</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Lowe</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="radio"/> or unknown) (If yes, give war or dates of service)		17. INFORMANT <b>Helen Lowe</b> Address <b>2923 Lucas</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b> <b>2 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b>			
DUE TO (c) <b>4201</b>			

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>no no no</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from **6-9-1959** to **12-14-1961** and last saw <sup>her</sup>him alive on **12-8-1961**  
Death occurred at **10:15** **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Thos. L. Stines Jr M.D.</b>		22b. ADDRESS <b>1418 Franklin, St Louis</b>		22c. DATE SIGNED <b>12-16-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>motor</b>	23b. DATE <b>12 21 61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	23d. LOCATION (City, town, or county) (State) <b>5500 Brown Road</b>
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24. FUNERAL DIRECTOR <b>Porter Funeral Home</b>	ADDRESS <b>3025 Dickson</b>	25. DATE RECD. BY LOCAL REG. <b>12-16-61</b>	26. REGISTRARS SIGNATURE <b>Loan Smith, M.D.</b>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Claude Gordon

Licensed Embalmer No. 3489  
P. O. Address 1123 N. J...

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.