

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030805

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2145

VS 300
Rev. 4/59

1 4002
2 24006
3
4 1
5 1
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7 1
8 2
98800
10 14
11 134
12 293-3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
(INSTEAD OF)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clayton</u> | | Length of stay in 1b <u>D.O.A.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u> | | c. CITY OR TOWN <u>University City</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>7033 Lindell Blvd.</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>NORMA</u> Middle <u>VanNess</u> Last <u>Lowry</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>3</u> Year <u>1963</u> |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/15/1908</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 9. AGE (last birthday) <u>54</u> |
| 11. BIRTHPLACE (City and state or country) <u>Peterson, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Dr. Charles VanNess</u> | | 13b. MOTHER'S MAIDEN NAME <u>Gerow</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Dr. Oliver H. Lowry</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <u>No</u> | |
| 16. INFORMANT <u>Dr. Oliver H. Lowry</u> | | Address <u>7033 Lindell Blvd (30)</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory depression</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Overdose of combination of alcohol and medication</u> | |
| 20c. TIME OF INJURY Hour <u>1:00</u> a.m. <u>PM</u> Month, Day, Year <u>7/3/63</u> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION <u>University City</u> | |
| 20g. COUNTY <u>St. Louis</u> | | 20h. STATE <u>Missouri</u> | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Raymond H. ... Coroner</u> | | 22b. ADDRESS <u>Clayton, Missouri</u> | |
| 22c. DATE SIGNED <u>7/9/63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 23b. DATE <u>7-5-63</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Alexander & Sons</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-5-63</u> | |
| ADDRESS <u>6175 Delmar Blvd.</u> | | 26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

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 not _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address St Louis 12, Mo

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.

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