MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-037216
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2530

FILED SEP 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Ferdinand Twnshp — Length of stay in 1b: 6 mos
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Halls Ferry Mem. Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Florissant — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1 Lancer Court — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First EDITH Middle LOWRY Last SMITH

4. DATE OF DEATH: Month August Day 30, Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-28-1887
9. AGE (last birthday): 75 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: xx
11. BIRTHPLACE (City and state or country): Pittsburgh, Penna.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Lowry
13b. MOTHER'S MAIDEN NAME: Kathryn McAully
14. NAME OF HUSBAND OR WIFE: Frank D. Smith

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.: None
17. INFORMANT: Frank D. Smith, Address: 1 Lancer Ct., Florissant, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral infarctions — INTERVAL BETWEEN ONSET AND DEATH: over 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular fibrillation — unknown
DUE TO (c): Arteriosclerotic + Hypertensive Heart d. — unknown
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 a.m. p.m. 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 Feb 28, 1962, to Aug 30, 1962 and last saw her/him alive on Aug 29, 1962
Death occurred at 2:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lewis Littmann MD
22b. ADDRESS: 8231 Clayton Rd (17)
22c. DATE SIGNED: 8/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-31-62
23c. NAME OF CEMETERY OR CREMATORY: Allegheny Cemetery
23d. LOCATION (City, town, or county) (State): Pittsburgh, Penna.

24. FUNERAL DIRECTOR — ADDRESS: The Florissant Mortuary, Florissant, Mo.
25. DATE RECD. BY LOCAL REG.: 8-31-62
26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Gene A Hutchinson

Signature of Student Embalmer

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, 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.