

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
✓
19298
File No. _____
Registered No. **5731** St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. _____) Sanitarium _____ St. _____ Ward)

2. FULL NAME

Lacey Downey
(a) Residence, No. **3679 1/2 Laclede Pl.** **13** Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred **67** yrs. + mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan. 4. 1858.*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>70</i>	<i>4</i>	<i>23</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Milliner*
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) *Ireland*

10. NAME OF FATHER *John Downey*

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) *Ireland*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) *Ireland*

14. INFORMANT (Address) *Joseph Kohler 5300 Penna*

15. FILED *MAY 28 1928* *Max C. Starkeff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/26/28* 19

17. I HEREBY CERTIFY, That I attended deceased from *4/30/28*, 19, to *5/26/28*, 19, that I last saw h. or alive on *5/26/28*, 19, and that death occurred, on the date stated above, at _____, 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY) *9/10* (duration) yrs. mos. *27* ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? *No* DATE OF _____

WAS THERE AN AUTOPSY? *clinical*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Joseph Kohler*, M. D.
5/27/28, 19 (Address) *5300 Penna*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Cabary* **DATE OF BURIAL** *5-29 1928*

20. UNDERTAKER *Arthur J. Donnelly* **ADDRESS** *2039 Wash St*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

