

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

Do not use this space.

31814

1. PLACE OF DEATH

County..... Registration District No. 79
 Township..... Primary Registration District No. 002
 City St Louis (No. St Johns Hospital)
 Registered No. 9069
 St. Ward)

2. FULL NAME

(a) Residence. No. 177 Stearns Drive St. 12 Ward. Webster Groves Mo
 (Usual place of abode) Webster mo (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Werckmann Downey</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 1 - 1869</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>2</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Printer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)..... Missouri
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Michael Downey</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Mary</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Mr. Rose Werckmann
 (Address) 177 Stearns Drive Webster

15. FILED SEP 12 1928
 19. Karl O. Vandenberg
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1928
 17. I HEREBY CERTIFY, That I attended deceased from Sept 5 to Sept 8 1928
 that I last saw h. alive on Sept 8, 1928 and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the mandible - metastases to sublingual & submaxillary glands

CONTRIBUTORY (SECONDARY) 43
 (duration) yrs. mos. ds.

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

8. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Edmond Vito M. D.
Sept 9, 1928 (Address) 3772 Ash Rdway

*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 St Peter & Paul Cemetery DATE OF BURIAL 9/11 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

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