

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

Do not use this space.

7579

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St Louis Primary Registration District No. 1003
 City St Louis (No. 2563 Montgomery) St. _____ Ward)

File No. _____
 Registered No. 1935

2. FULL NAME

(a) Residence. No. _____ St. 20 Ward. _____
 (Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Dowling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Stone Cutter 90
 (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) Ohio 2

PARENTS
 10. NAME OF FATHER John Dowling
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15
 12. MAIDEN NAME OF MOTHER Margaret Casey
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Catherine Dowling
 (Address) 2563 Montgomery St

15. FILED 13 1935 W. C. Starck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan _____, 1931, to Feb 11 _____, 1931 that I last saw h. A. alive on Feb 11 _____, 1931, and that death occurred, on the date stated above, at _____ 8:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocarditis
 (duration) _____ yrs. 18 mos. _____ ds.
 CONTRIBUTORY Arterio sclerosis
 (SECONDARY) (duration) _____ yrs. 18 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) R. N. Hewing, M. D.
712, 1931 (Address) 2342 Bohannon

*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 Calvary Cemetery DATE OF BURIAL 2/14 1931
 20. UNDERTAKER Arthur J. Drummely and Co. 2039 Wash St ADDRESS

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.

Handwritten text, possibly a signature or date, located at the top left of the page.

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