

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

Do not use this space.

6126

1. PLACE OF DEATH

County
Township
City St. Louis Mo. (No. Cornwall City Hosp #1)

Registration District No.
Primary Registration District No. 1

File No.
Registered No. 1148
St. Ward)

2. FULL NAME William A. McDowell Sr.

(a) Residence, No. 7232 Nottingham Ave St. 13 Ward. St. Louis Co. Mo
(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 <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>MARIE SMERCINA</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB-7-1870</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>11</u>
		DAYS
		<u>26</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FORMAN. 37</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>FOUNDRY</u>
	10. Date deceased last worked at this occupation (month and year) <u>FEB-3-1932</u>
	11. Total time (years) spent in this occupation <u>NOT KNOWN</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW ORLEANS LA. 2

13. NAME William A McDowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 8

15. MAIDEN NAME AGNES PRENDERGAST

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CORK-IRELAND!

17. INFORMANT MRS. MARIE McDowell
(ADDRESS) 7232 Nottingham Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. PIERRE FAULCON DATE FEB-6 1932

19. UNDERTAKER CROGAN UND. Co. INC.
(ADDRESS) 746 Manchester Ave

20. FILED FFB-4 1932 Max C. Steiner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician to Attendant 1932 to 1932

I last saw h. alive on Death is said

to have occurred on the date stated above, at 1120 m.

The principal cause of death and related causes of importance were as follows:

Haemorrhage of Brain (Fractured Skull) received in a collision between two automobiles in St. Louis, Mo. Deceased was driving auto
Other contributory causes of importance: Accident

Name of operation 210 Date of 2/10

What test confirmed diagnosis? 210 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7.2, 1932

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Collision between 2 autos

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify J. W. Keiser M.D.

(Signed) J. W. Keiser (Address) Dep. Comm

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.

