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.

AUG 9 1935

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

Do not use this space.

24795

791

1003

6228

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 6228

Township ..... Primary Registration District No. ..... Registered No. 6228

City St. Louis, Mo (No. 5079 N. Kingshighway St. ..... Ward)

2. FULL NAME Mary A. Downey

(a) Residence, No. 5079 N. Kingshighway Ward. 7 (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF the late John Downey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1860

7. AGE: YEARS 75 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER

13. NAME Anthony Phelan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER

15. MAIDEN NAME Bridget Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Marie Downey 5079 Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE July 23 1935

19. UNDERTAKER (ADDRESS) Henry Leidner Und. Co. 1417 N. Market St.

20. FILED JUL 22 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935, to July 20, 1935
I last saw her alive on July 17, 1935 Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis — Date of onset: Chronic

93c

Other contributory causes of importance:
Ch. Myocarditis Asthma
Arteriosclerosis

Name of operation none Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Eugene J. Kopler M. D.
(Address) 4968 Delmar Blvd

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