

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

Do not use this space.

47229

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Jefferson

Primary Registration District No. 6248-H.

City Richmond Heights, (No. St. Mary's Hospital

File No. _____

Registered No. 287

St. _____ Ward)

2. FULL NAME

Maude B. Downton,

(a) Residence, No. 1505 Del Norte av. St. _____ 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 Female 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 J. Pierce Downton,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1883-9-25

7. AGE YEARS 53 MONTHS 2 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. _____ 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 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) Galena, Kans.

FATHER 13. NAME Charles T. Dana

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffeyville, Kans.

MOTHER 15. MAIDEN NAME Mary Henney,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas.

17. INFORMANT (ADDRESS) J. P. Downton, 1505 Del Norte av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 12/5/36

19. UNDERTAKER (ADDRESS) Clayton Rd. at Concordia Lane

20. FILED Dec. 5, 1936 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3rd, 1936

22. I HEREBY CERTIFY That I attended deceased from 12/1 1936 to December 3rd, 1936

I last saw h er alive on December 3rd, 1936 Death is said to have occurred on the date stated above, at 4:55 P.

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

Arterio Sclerosis with Coronary Artery Embolism - and infarct of papillary artery
popliteal

Date of onset 12-2-36

Other contributory causes of importance: _____
Name of operation none Date of _____

What test confirmed diagnosis? Examination 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) Daniel E. Kauffman M. D.

(Address) Missouri Theater Bldg.

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.

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