MAR 5 - 1937

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 8369
Registered No. 1850

1. PLACE OF DEATH
County
Township
City ST. LOUIS, MO. (No. Isolation Hospital St. Ward)

2. FULL NAME Jeanette McDowell,
(a) Residence, No. 1517 Picker St. St., 23 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1936

7. AGE — Years: | Months: 8mo. | Days: 10 da. | If LESS than 1 day, ...hrs. ....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.
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) St. Louis, Mo.

FATHER
13. NAME Allen McDowell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

MOTHER
15. MAIDEN NAME Ella Holmes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver, Colo.

17. INFORMANT B. Buttenuth.
(ADDRESS) Isolation Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck, Mo. DATE Feb. 7th. 1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED FEB 11 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22. 1936 to Jan. 31. 1937
I last saw her alive on Jan. 31. 1937 Death is said to have occurred on the date stated above, at 12 05 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	12-19-36.
Bronchopneumonia	11-20-36.
Otitis Media-Bilat.	1-9-37.

Other contributory causes of importance:

Name of operation Autopsy Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) [illegible] M. D.
(Address) 5600 Vernon Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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