

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.

NOV 15 1937

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

35645
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **ST. LOUIS** (d) Street No. **4009** **CLEVELAND AVE.** St. **9222**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **SARAH ISABELLE DOWLING**

(a) Residence, No. **4009 CLEVELAND AVE.** St. **17**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **XX**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APR. 17, 1855**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 13

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

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS**
(STATE OR COUNTRY) **MO**

FATHER 13. NAME **RICHARD DOWLING**

14. BIRTHPLACE (CITY OR TOWN) **IRELAND**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **ELLEN LARUNT**

16. BIRTHPLACE (CITY OR TOWN) **IRELAND**
(STATE OR COUNTRY)

17. INFORMANT **MRS. BEATRICE FETZER**
(ADDRESS) **4009 CLEVELAND AVE.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMETERY** DATE **OCT. 2, 1937**

19. FUNERAL DIRECTOR **PEETZ BROS.**
(ADDRESS) **3029 LAFAYETTE AVE.**

20. FILED **OCT 1 1937**
J. Breck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT. 30, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 30, 1937** to **Sept 30, 1937**
I last saw her alive on **Sept 30, 1937** Death is said to have occurred on the date stated above, at **7.30 a.m.**

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

Chronic Myocarditis
[Signature]
Date of onset **2 years ago 1935**

Other contributory causes of importance:

Name of operation 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? **no**
If so, specify
(Signed) **Paul R. Konzelmann**, M. D.
(Address) **3507 ...**

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank I. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)