

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

35779  
Do not use this space.

NOV 15 1937

791  
1003

Registered No. 9356

1. PLACE OF DEATH  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. City Hospital No. 1 St. (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.  
C. 9678

2. PRINT FULL NAME Louis McDowell  
(a) Residence, No. 2210 Cass St. 21 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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) Oct. 4 1909

7. AGE YEARS 28 MONTHS 0 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. mechanic

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, Missouri

FATHER 13. NAME Robert McDowell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER 15. MAIDEN NAME Margaret .? Mc.Donald  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis., Missouri

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct. 8 19. 37

19. FUNERAL DIRECTOR (ADDRESS) Cullinane Bros. 1710 N. Grand

20. OCT 6 1937 19. J. Bredek Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/37 19. 37

22. I HEREBY CERTIFY That I attended deceased from 10/2/37 19. 37 to 10/5/37 19. 37  
I last saw h. him on 10/5/37 19. 37 Death is said to have occurred on the date stated above, at 11.30 p  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis Meningitis  
Date of onset

Other contributory causes of importance:  
Pulmonary Tuberculosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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. 37  
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 Richard P. O'Neil (Signed) ..... M. D.  
(Address) City Hospital No. 1

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

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

..... L. E. ....

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

Signed Fred Frick  
Licensed Embalmer No. 3186

**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.)**