REC'D MAY 10 1938

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

12642
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 3246

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. City Hospital #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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie Belle McDowell D-57 294
(a) Residence, No. 1908 South 3rd Street St. 23
(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: Fem.
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: Edward McDowell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30, 1879
7. AGE: Years 58 | Months 10 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Hwf.
9. Industry or business in which work was done, as 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): Illinois

FATHER
13. NAME: William ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Unknown

17. INFORMANT (ADDRESS): Hosp. info. M. Williams City Hospital #1
18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Matthews Cem DATE: Apr. 6, 1938
19. FUNERAL DIRECTOR (ADDRESS): Weick Bros. 2201 So. Grand Blvd.
20. FILED: APR 6 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/4/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/2/38, 19, to 4/4/38, 19. I last saw her alive on 4/4/38, 19. Death is said to have occurred on the date stated above, at 11:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (left internal capsule)	
Aphasia (motor & sensory)	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance: 82 b

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) E. A. Bowbridge Jr., M. D.
(Address) 1515 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, John Kettler, Licensed Embalmer No. 3880

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 John Kettler

Licensed Embalmer No. 3880

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.)