

REC'D MAY 10 1938

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

13141

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
 (a) County..... / Registration District No. 791
 (b) Township..... Primary Registration District No. 1002 Registered No. 3745
 (c) City St. Louis (d) Street No. 2601 Whittier St.
life (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 Woodrow McDowell 234
 (a) Residence, No. 4268 W Belle St. 11 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 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) Jan. 1, 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
22 3 16

OCCUPATION 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. laborer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Sam McDowell
 14. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington park DATE 4/24 1938

19. FUNERAL DIRECTOR (NAME) C. J. Brennan
 (ADDRESS) 2733 Delmar

20. FILED APR 22 1938 J. D. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938 to April 17, 1938

I last saw him alive on April 17, 1938 Death is said

to have occurred on the date stated above, at 10:45 m. p.m.

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

Encephalitis (non-epidemic)

Date of onset
4/9/38

Other contributory causes of importance: 78

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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) C. J. Brennan M. D.
 (Address) 2601 N Whittier

4136

CS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

William C. McLowell

or by

Registered Apprentice No., working under my personal supervision.

Signed

William C. McLowell

Licensed Embalmer No.

2114

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.