

REC'D NOV 16 1938

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

34191
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township *St. Louis*
 (c) City *St. Louis*
 (d) Street No. *4712* *Hammett Pl.* Registered No. *91712*
 (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

(a) Residence, No. *4712 Hammett Pl.* St. *6*
 (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 *Male*
 4. COLOR OR RACE *Wh*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Josie Downes*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 29, 1874*
 7. AGE YEARS *64* MONTHS *5* DAYS *23* (LESS than 1 day, hrs. or min.)
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Metal Polisher*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Buck Store & Range*
 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) *Chicago Illinois*
 FATHER
 13. NAME *Michael Downes*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland 5*
 MOTHER
 15. MAIDEN NAME *Mary Donohue*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland 5*
 17. INFORMANT (ADDRESS) *Josie Downes 4712 Hammett Pl.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Oct. 24, 1938*
 19. FUNERAL DIRECTOR (ADDRESS) *Chas. T. Stuart 1225 Union Blvd.*
 20. FILE *OCT 22 1938 J. F. Bredeck Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-21-1938*
 22. I HEREBY CERTIFY, That I attended deceased from *8-30-38*, 19*38*, to *10-21-38*, 19*38*
 I last saw him alive on *10-21-38*, 19*38* Death is said to have occurred on the date stated above, at *3 p.m.*
 The principal cause of death and related causes of importance were as follows:
Carcinoma of larynx Date of onset *April 1938*
terminal pneumonia *10-19-38*
trachea
 Other contributory causes of importance:
HM
 Name of operation *Tracheotomy* Date of *9-2-38*
 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.....
 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) *Wm. B. Harkins* M. D.
 (Address) *3720 Washington Ave.*
St. Louis, Mo.

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.

I X12604

STATEMENT BY LICENSED EMBALMER

I, BERNARD A. J. STUART, Licensed Embalmer No.

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

..... L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed Bernard A. J. Stuart

Licensed Embalmer No. 3500

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.)