USED FEB 7 1939

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

3859
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS — Registration District No. 784
(b) Township JEFFERSON — Primary Registration District No. 11 — Registered No. 22
(c) City RICHMOND HEIGHTS (d) Street No. ST MARYS HOSPITAL 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.
334

2. PRINT FULL NAME MABELE JANE MCDOWELL
(a) Residence, No. 205 W. PACIFIC St. WEBSTER GROVES
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

76 7 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Joseph L. McDowell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1886
7. AGE: Years 52 | Months 10 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home.
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) NASHVILLE (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME AMOS DINTLEMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME MARIA HENDRICKS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT Joseph L. McDowell (ADDRESS) 205 W Pacific Ave W.G.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Jan 6 1939
19. FUNERAL DIRECTOR Parkey Funeral Co (ADDRESS) Webster Groves
20. FILED JAN - 5 1939 J. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug - 4 - 1937 to Jan 3rd 1939
I last saw h... alive on Jan 3rd 1939 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Addisons Disease	1936

68

Other contributory causes of importance: None —

Name of operation None Date of
What test confirmed diagnosis Clinical picture 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? No
If so, specify
(Signed) H. R. Gaddis M. D.
(Address) 19 E Rockwood

(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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Orrin B Lang, Licensed Embalmer No. 1581

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Orrin B Lang

Licensed Embalmer No. 1581

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.)