

1939 JUL 12 1939

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

20933

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township or City..... **St. Louis, Mo.**
(c) City.....
(d) Street No..... **City Infirmery** St.
(e) Length of residence in city or town where death occurred **30** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

791

1008

Registered No. **57777**

2. PRINT FULL NAME **Jerry Downing**

(a) Residence, No. **5800 Arsenal St.** St. **13**
(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 **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 22, 1865.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 73 x 11 10 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
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) **Lexington, Kentucky.**

13. NAME **Unknown.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Wentington 6 26 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. Richter 3800 Park**

20. JUN 29 1939 **J. B. Rudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 20, 1939**
22. I HEREBY CERTIFY, That I attended deceased from **May 7, 1936** to **June 20, 1939**
I last saw him alive on **June 20, 1939** Death is said to have occurred on the date stated above, at **8:15 A.M.**
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Myocardial Insufficiency
82a
Other contributory causes of importance:
Arteriosclerosis
Old Pt. Hemiplegia
Probably from cerebral hemorrhage

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

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) **A. P. Ochs** M. D.
(Address) **5800 Arsenal St.**

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.