

38036

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9875**

50 DEC 13 1939 791
Registration District No. _____

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH: **1003**
(a) County **2**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3225 No. Florissant Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 Years 6 Months**
(Specify whether
In this community **75 Years.**
years, months or days)

3. (a) PRINT FULL NAME **Jane Downey.** **5511**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 16, 1862**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Dublin, Ireland.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper.**

11. Industry or business _____
MOTHER FATHER { 12. Name **Christopher Downey.** **5**
13. Birthplace **Ireland.** **R**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Highland.**
15. Birthplace **Ireland.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Sister Jeanne**
(b) Address **3225 N. Florissant**

17. (a) **Burial** (b) Date thereof **Nov. 21, 39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Domenech**
(b) Address **3840 Lindell Blvd**

19. (a) **NOV 20 1939** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis.** **20**
(If outside city or town limits, write "RURAL")
Street No. **3225 No. Florissant Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **75 YEARS** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **18,**
year **1939** hour **3:00** minute **0** M.
21. I hereby certify that I attended the deceased from **Nov-4**
19**39** to **Nov-18,** 19**39**
that I last saw h. **or** alive on **Nov-17,** 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chorea Myocarditis** Duration **2 Months**

Due to _____
Due to _____
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **Of operations**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NU**
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **1** (Specify type of place) (e) Means of injury _____
23. Signature **Arthur A. Prekovich** (M. D. or other) **M.D.**
Address **1525 1/2 Cass Ave** Date signed **11/18/39**

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lunsell Blvd

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.