

Registration District No.

Primary Registration District No.

Registrar's No.

I. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether
 In this community 18 yrs
years, months or days)

8. (a) PRINT FULL NAME EDITH MARY DOWELL 1407

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Virgil 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Nov; 21, 1904
(Month) (Day) (Year)

8. AGE: Years 35 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Sikeston, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Hedden Missouri
(City, town, or county) (State or foreign country)

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edith M. Dowell

(b) Address 4215 Blaine Ave

17. (a) Cremation (b) Date thereof 5/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) MAY 17 1940 (b) J. B. [Signature]
(Date of registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limit, write "RURAL")

(d) Street No. 4215 Blaine Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
 year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 10, 1940 to May 16, 1940; that I last saw her alive on May 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death:
Metastatic Brain Abscess
non malignant caused
by Rt pleural Empyema
 Due to Pneumo-Pleurisy
of liver
 Other conditions from gonorrhoeitis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations _____
 Of autopsy as above

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) _____
 (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? _____ (Specify type of place) (e) Means of injury _____

23. Signature James J. Dubow (M. D. or other) _____
 Address BARNES HOSPITAL Date signed 5/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954
APR 15
1954

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

L. R. Cooper

Licensed Embalmer No. *2633*

P. O. Address *9317 Lafayette*

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.