

SEP 25 1940

1003

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 7146

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1642 South 39th, Street.
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis. 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1642 South 39th, Street.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Media E. Dow.

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Charles Dow

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February 18th, 1867.
 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 5
 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 23rd.
 year 1940. hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug 17 -
1940, to Aug 23 - 1940
 that I last saw her alive on Aug 23 - 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
of coronary arteriosclerosis

Duration

4 months

Due to _____

Due to _____

Other conditions (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) _____
 (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 _____ (M. D. or other) MD

Address 3548 E. Grand Date signed 8/23/40

MOTHER FATHER

12. Name Unknown
 13. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry Woodbury
 (b) Address 1642 South 39th, Street.

17. (a) Burial (b) Date thereof AUGUST 24, 40.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.
 (b) Address 2623 Cherokee Street.

19. (a) AUG 24 1940 (b) J. F. [Signature]
 (Date received local registrar) (Signature)

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..... *V. E. Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Christ*

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.