

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Phillips Hospital
(d) Length of stay: In hospital or institution 1 mo 2 days
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 923 N Compton
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Mary Dowel

3. (b) If veteran, name war 8. (c) Social Security No.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Aug 23 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 8 12 If less than one day hr. min.

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation ML

11. Industry or business

MOTHER FATHER { 12. Name Jack Taylor
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Henrietta Jackson
(b) Address 923 N Compton ave

17. (a) Burial (b) Date interred Sept 12 1940
(burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Spiller
(b) Address 2915 Franklin Ave

19. (a) SEP 11 1940 (b) J. W. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1940 hour 5:50 minute A M.

21. I hereby certify that I attended the deceased from August 3, 1940, to Sept 5, 1940, that I last saw her alive on Sept 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal Malignancy of Undetermined Origin Prob 5 years

Due to
Due to
Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy
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
Signature J. W. Johnson (M. D. or other)
Address 2601 N Whittier Date signed 9/5/40

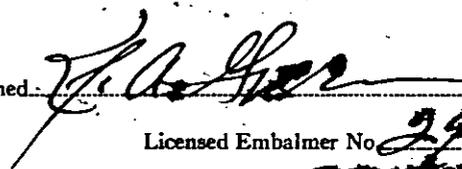
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 2963

P. O. Address 2705 [unclear]

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.