DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4374

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 29

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Wellstom (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Vincent's Sanitarium. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-Y. 4-M. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Kinloch (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME: Rev. James J. Downes

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: S.

6. (b) Name of husband or wife:

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

7. Birth date of deceased: June 6th., 1883 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 28 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Catholic Priest

11. Industry or business:

FATHER 12. Name: James Downes

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

MOTHER 14. Maiden name: Mary Kennedy

15. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Miss Mary Downes

(b) Address: 5112 Wells Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-7-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd.

19. (a) JAN 6 - 1941 (Date received local registrar) (b) K. Mayer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4 year 1941 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1939, to 1/4, 1941; that I last saw ~~him~~ alive on 1/4, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 day
Due to: arteriosclerosis	2 yrs
Due to:	
Other conditions: angina pectoris (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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: W. B. Sutton (M. D. or other) M.D.

Address: St. Vincent's Sanitarium Date signed: 1/4/41

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Lindell Bl

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.