

No. 2  
1-13-40  
-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8253

REC'D MAR 11 1941

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 339

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Jefferson Barracks, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Adm: 2-11-41  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 111 (C)  
(c) City or town 305 1/2 Sidney Street 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. St. Louis, Missouri.  
(If rural, give location) 1  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME McDOWELL, Dan

3. (b) If veteran, name war Sp. Am. & World 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude McDowell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 7 hr. min.

9. Birthplace Greenick Scotland  
(City, town, or county) (State or foreign country)

10. Usual occupation Orderly

11. Industry or business --

MOTHER FATHER  
12. Name Not known  
13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant C. W. Hughes, Jefferson Bks.,  
(b) Address Missouri.

17. (a) BURIAL (b) Date thereof FEB 15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister M.D.C.  
(b) Address 7814 S. Brentwood

19. (a) FEB 14 1941 (b) C. W. Hughes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12  
year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from February 11  
1941, 19   to February 12, 19  41  
that I last saw him alive on February 12, 1941., 19  

and that death occurred on the date and hour stated above.  
Immediate cause of death Tuberculosis, pulmonary, far-advanced, active.

Duration  
Unkn.

Due to 1-3-18  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None - no operation

Of autopsy No 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? Yes (Specify type of place) \_\_\_\_\_  
Means of injury Yes

23. Signature C. W. HUGHES, Chief Med. Officer  
Address VAF Jefferson Barracks, Mo. Date signed 2-12-41

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

76  
0  
0

**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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadw*

**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, fact should be so stated above.**