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X21492

FILED MAY 13 1941

Registration District No. 791 Primary Registration District No. _____

1003
2. USUAL RESIDENCE OF DECEASED: 96

1. 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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 6 years
(Specify whether years, months or days)

(a) State Missouri (b) County St. Louis
(c) City or town St. Johns Station
(If outside city or town limits, write "RURAL") N.B.
(d) Street No. 3427 Charlack
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME John D. Downing
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10
year 1941 hour 11:18 minute _____ P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph Evelyn Downing
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec. 4 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 4 Days 6
If less than one day _____ hr. _____ min.

Immediate cause of death: Bilateral Bronchopneumonia Central Pyonephrosis Multiple Empyema and Abscesses of the Tip Vertex of the head, left elbow and wrist. When he was struck by a automobile on 2/19/41 Automobile driven by one Clyde Devins about 8 PM at Charlack and Highway #40
PHYSICIAN
Major findings: Within the Death was due to accident or Natural Cause. Could not be Determined
Underline cause to which death should be charged statistically.

9. Birthplace Oleny Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer

11. Industry or business Agriculture
12. Name J. H. Downing
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Virginia White
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Evelyn Downing
(b) Address 3427 Charlack

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Vein
(b) Date of occurrence 2/19/41
24. Where did injury occur? St. Louis County MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
While at work? _____ (c) Means of injury _____

17. (a) burial (b) Date thereof Apr. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oleny, Missouri

18. (a) Signature of funeral director J. M. White
(b) Address 118 N. Florissant Ferguson

19. (a) APR 12 1941
(Date of local registrar) (Registrar's signature)

23. Signature W. D. Perry (M. D. or other) 3
Address St. Louis Date signed 4/13/41

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

MOTHER FATHER

201-2-14

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.....

P. O. Address.....

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.