

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19859

State File No.

Registration District No. 791

Primary Registration District No.

Registrar's No. 4671

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1514 1/2 NIVANDEVENTER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME COLEEN BAWN DOWNING

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James E. Downing 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Christian County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name George Lockhart
13. Birthplace Christian County, Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James E. Downing

(b) Address 1514 1/2 N. Vandeventer

17. (a) Removal (b) Date thereof 6 4 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Earlington, Ky.

18. (a) Signature of funeral director W. H. Colburn

(b) Address 928 W. Grand

19. (a) JUN 4 - 1941 (b) J. T. Medrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 1/2 Vandeventer
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1941 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1939
_____, 19____, to June, 1941;
that I last saw her alive on May 31 - 1941, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Right Breast with Metastases
Due to _____
Due to 50
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Carcinoma of Breast
Of operations _____
Of autopsy N.

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 _____

28. Signature George A. Lander (M. D. or other)
Address 607 W. Grand Date signed 6-4-41

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..... *J. Wm. Binkley*

Licensed Embalmer No..... *3853*

P. O. Address..... *11 Lains Tring*

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.