

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2682

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Hrs.
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2E 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3106 Thomas Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 41 hour 5 minute 15 PM.
21. I hereby certify that I attended the deceased from 11-20
1941, to 11-20, 1941;
that I last saw him alive on 11-20, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Atelectasis Duration

Due to.....
Due to.....
Other conditions.....
(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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature D. S. Moore (M. D. or other)
Address 2601 N. Whittier St Date signed 3-18-42

3. (a) PRINT FULL NAME Dowell

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0 NB

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

7. Birth date of deceased 11 20 41
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 Hr. 45 min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Willie Dowell

13. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Lewis

15. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Father Mary Sherard

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof MAR 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: CITY CEMETERY

18. (a) Signature of funeral director Dr. Hamilton

(b) Address City Health Dept

19. (a) MAR 25 1942 (b) J. F. Bredock
(Date received local report) (Registrar's signature)

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

2892

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, fact should be so stated above.