

No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39035
State File No.

Registration District No. 210 Primary Registration District No. 100 Registrar's No. 100

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis Childrens Hospital
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Richland
(c) City or town Noble
(d) Street No. (Rural)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Marie Floyd McDowell
3. (b) If veteran, No
3. (c) Social Security No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 2
year 43 hour 12 minute 15 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 12 1938
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-27-42 to 1-2-43
that I last saw him alive on 1-2-43 and that death occurred on the date and hour stated above.

8. AGE: Years 4 Months 6 Days 20 If less than one day hr. min.
9. Birthplace Noble Illinois/
(City, town, or county) (State or foreign country)
10. Usual occupation Child

Immediate cause of death INFLUENZA MENINGITIS
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business
12. Name Clifford McDowell
13. Birthplace Clay County Illinois/
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Patterson
15. Birthplace Richland County Ill./
(City, town, or county) (State or foreign country)
16. (a) Informant Clifford McDowell
(b) Address Noble, Ill.
17. (a) removal (b) Date thereof 1-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Noble, Ill.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) JAN 5 1943 J. F. Brudack
(Date received local registrar) (Registrar's signature)

Major findings: Of operations
Of autopsy
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 R. J. Blotter (M. D. or other)
Address 500 S. Humphreys Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

On 7/10/20

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Robert W. Korpe

Licensed Embalmer No. *1861*

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.