U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3479

State File No. 0

FILED FEB 10 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 159

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town Curtiss-Wright Plant Hosp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERTSON O
(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)

2. USUAL RESIDENCE OF DECEASED: 900
(a) State MO (b) County 17
(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1286A HODIAMONT AVE
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN J. McDOWELL
3. (b) If veteran, name war NONE
3. (c) Social Security No. 500-16-9787

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 APRIL - 6 - 1920 (Month) (Day) (Year)

8. AGE: Years 22 Months 9 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)
10. Usual occupation MACHINIST
11. Industry or business CURTIS - WRIGHT.
FATHER
12. Name JOHN O McDOWELL
13. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)
MOTHER
14. Maiden name VERA FETTE
15. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)
16. (a) Informant John O. McDowell
(b) Address 1286A Hodiamont ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen + Kelly
(b) Address 1416 N. Taylor ave.
19. (a) JAN 21 1943 (Date received local registrar) (b) C. G. McGavran Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1943 hour 7:12 minute P M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Infarct of myocardium involving anterior half of interventricular septum and left ventricular wall; Fatty degeneration of liver; Hyperplasia of spleen.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes.

Duration

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

124 P

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 2

23. Signature Louis H Bopp Cor Inv (M. D. or other)
Address Kirkwood, Mo. 1-21-43 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.