

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1195  
Registrar's No.

FILED FEB 16 1943 318  
Registration District No.

1003  
Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Mo.**  
(c) Name of hospital or institution: **710 N. 12th St. Illinois Terminal P.P. Station**  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(d) Street No..... **3913 Russell**  
(e) **No** (Yes or No)  
**No Attending Physician**

3. (a) PRINT FULL NAME..... **Otto Dowling**  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... **Feb** day..... **5**  
year..... **1943** hour..... minute..... **6** A.M.

4. Sex..... **Male** 5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Widowed**  
6. (b) Name of husband or wife..... **Plorence**  
6. (c) Age of husband or wife if alive.....  
7. Birth date of deceased..... **January 5, 1874**

21. I hereby certify that I attended the deceased from.....  
that I last saw him..... alive on.....  
and that death occurred on the date and hour stated above.

8. AGE: Years..... Months..... Days.....  
**69** **1** **0**  
If less than one day hr..... min.....

Immediate cause of death.....  
**Ruptured right Ventricle**  
**Following Infarction of**  
**Heart**  
Due to.....  
**Coronary Occlusion**  
Other conditions.....  
(Include pregnancy within months of death)

9. Birthplace..... **St. Louis, Mo.**  
10. Usual occupation..... **Steel worker**

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business.....  
12. Name..... **George Dowling**  
13. Birthplace..... **St. Louis, Mo.**  
14. Maiden name..... **Isabelle Reivin**  
15. Birthplace..... **St. Louis, Missouri**  
16. (a) Informant..... **Ray Dowling**  
(b) Address..... **St. Louis, Missouri**  
17. (a) **Burial** (b) Date thereof..... **2/8/43**  
(c) Place: burial or cremation..... **Park Lawn**  
18. (a) Signature of funeral director..... **Edith E. Ambruster**  
(b) Address..... **4244 Manchester**  
19. (a) **FEB 6 1943** (Date received local registrar)  
**J. J. Bredich** (Registrar's signature)

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?.....  
(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..... **Thomas F. Callahan** (M.D. or other)  
Address..... **Deputy Coroner** Date signed..... **2-5-43**

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

OCT 20 1943

**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.....

*Harry Eymek*

Licensed Embalmer No. *1284*

P. O. Address *St. Louis Mo.*

**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.**