. S. No. 2
DM—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4121

Registrar's No. 1686

1. PLACE OF DEATH:
(a) County MO.
(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. Phillip's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Min. (Specify whether
In this community 50 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis 003
(c) City or town St. Louis 119 (If outside city or town limits, write "RURAL")
(d) Street No. 4210 E. Cote Brilliant. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country g

3. (a) PRINT FULL NAME Monroe Downing
3. (b) If veteran, name war
3. (c) Social Security No. UNKOWN
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 26 (Day) 1868 (Year)
8. AGE: Years 75 74 | Months 11 | Days 17 | If less than one day hr. min.
9. Birthplace Richmond. Va. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Teamster
11. Industry or business
MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
14. Maiden name Mary Downing
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Gilbert W. Downing
(b) Address 3128 a Clark. Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Willie Robinson
(b) Address 1805 Division. St.
19. (a) FEB 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13 year 1943 hour 6 10 minute 0 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.

Duration

Immediate cause of death Chronic Myocarditis
Due to Chronic Interstitial
Due to Nephritis
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas F. Gallagher (M.D. or other)
Address Deputy Coroner Date signed 2/19-43

(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 M. D. McCleveland, Registered Apprentice No. 347, working under my personal supervision.

Signed Harry E. Jolley

Licensed Embalmer No. 4078

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.