. S. No. 2
M—9-4-41
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I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8551

State File No. 2732

FILED MAR 30 1943

Registration District No. 3118 Primary Registration District No. 1003

Registrar's No.

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:
Fairground Park 3
(If not in hospital or institution, write street number or location)
Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life Time

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4859A Palm
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Archibald Mc Dowell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Reba
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Jan. (Month) 14, (Day) 1890 (Year)

8. AGE: Years 53 Months 2 Days 7 If less than one day hr. min.

9. Birthplace De Soto (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Bartender
11. Industry or business

FATHER
12. Name David Mc Dowell
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Ellen Connelly
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Reba Mc Kee Mc Dowell
(b) Address 4859A Palm
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge
19. (a) MAR 22 1943 (Date received local registrar) (b) J. P. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, year 1943 hour 3 minute 45 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 Coronary Occlusion — Duration
Coronary Sclerosis
Due to Cardiac Hypertrophy 2
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F Collins (M. D. or other)
Address Deputy Coroner Date signed 2-22-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank H Stroot

Licensed Embalmer No. 2265

P. O. Address 46th Nat Bridge av

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.