

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **33399**
Registrar's No. **9031**

FILED OCT 22 1943
318
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis - 4415 Pershing**
(b) City or town **St. Louis - 4415 Pershing**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(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

3. (a) PRINT FULL NAME **Cecelia M. O'Dowd**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 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 **March 29 1888**
(Month) (Day) (Year)

8. AGE: Years **55** Months **6** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Montgomery City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nurse**

11. Industry or business _____

MOTHER FATHER
12. Name **Patrick J. O'Dowd**
13. Birthplace **Bridgewater, Mass.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Kerwin**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Patrick M. O'Dowd**
(b) Address **4415 Pershing**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 15, 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Marie's Cem. - Montgomery City Mo.**

18. (a) Signature of funeral director **Wm J. Robert & Co**
(b) Address **1905 S. Grand Blvd - St. Louis, Mo.**

19. (a) **OCT 13 1943** (Date received local registrar) (b) **J. Bredenk** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **99**
(d) Street No. **4415 Pershing Ave.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **13**
year **1943** hour **4** minute _____ A.M.

21. I hereby certify that I attended the deceased from **8** **1943** to **Oct 13, 1943**
that I last saw her alive on **Oct 13, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic malignancy of the spine**
Due to **Breast carcinoma**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **50**

PHYSICIAN
Major findings: **50**
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature **O. J. O'Dowd** (M. D. or other) **MD**
Address **2919 S. Kingshighway** Date signed **10/2/43**

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

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.....

John Fetter
.....
Licensed Embalmer No. *3880*

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.