

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
In this community 1 year 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2954 West Belle  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emily Downey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race negro  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Walter Downey  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Aug 25 1887  
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Miss 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Clyde Harris

13. Birthplace Miss 1  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca McCreary

15. Birthplace Miss 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Downey  
(b) Address 1127 1/2 Vandeventer

17. (a) Burial (b) Date thereof 11-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros  
(b) Address 3644 Finney Ave  
NOV 8 1943  
19. (a) (Date received local registrar) J. H. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6,  
year 1943 hour 5 minute 35 A.M.  
21. I hereby certify that I attended the deceased from October 23,  
1943 to November 6, 1943  
that I last saw her alive on November 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Spinal Cord Tumor - non-malignant  
Paraplegia  
Secondary Anemia  
Due to \_\_\_\_\_  
Due to 8/20/1  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 name of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature S. E. Smith (M. D. or other)  
Address 3601 N. Webster Date signed 11/8/43

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

**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: *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney 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.**