

FILED MAR 6 1944

Registration District No. 3/19

Primary Registration District No. 3069

76  
89  
3

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

1. PLACE OF DEATH:

(a) County SAINT LOUIS:

(b) City or town RICHMOND HEIGHTS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
SAINT MARYS HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community LIFE  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS: 96

(c) City or town ST. LOUIS COUNTY Ladue 1  
(If outside city or town limits, write "RURAL")

(d) Street No. LINDBERGH DR: BOX 610-R.R.2.  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SHARON ANN McDOWELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced CHILD

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 9 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
#		<u>7</u>	<u>18</u>	hr. _____ min.

9. Birthplace SAINT LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name LLOYD McDOWELL

13. Birthplace JACKSON MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name GERALDINE FERGUSON

15. Birthplace CLARKTON MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant LLOYD McDOWELL

(b) Address BOX 610-R.R. 2, ST. LOUIS CO.

17. (a) BURIAL (b) Date thereof FEB 29/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director C.R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD.

19. (a) FEB 29 1944 (b) E. J. McEvan, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29th  
year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 2/25  
1944 to 2/27 1944

that I last saw et alive on 2/27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 2

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy Pneumonia

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. D. Stealy (M. D. or other) M.D.  
Address 1040 W. Adams, Parkville Date signed 2/29/44

DR. J. D. SIBBLE

102. W. ADAM. KIRKWOOD MO

KI-1200

2 to 5 P.M.

11

9-10 a.m

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.