

FILED MAY 15 1944 18

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **4124**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**7012 Minnesota #1**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **7012 Minnesota**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Howard Downey**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-05-0101**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Wid** 2

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

7. Birth date of deceased **Aug 20 1892**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **8** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) **U.S.A.** (State or foreign country)

10. Usual occupation **Common Laborer**

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **William Downey**

13. Birthplace **Missouri** 0 (City, town, or county) (State or foreign country)

14. Maiden name **Kathleen Howard**

15. Birthplace **Missouri** 0 (City, town, or county) (State or foreign country)

16. (a) Informant **Wilbur Downey**

(b) Address **2635 Allen Ave.**

17. (a) **Burial** (b) Date thereof **5-6-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Farmington, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 3 1944** (Date received from registrar) **J. F. Braddock** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1** year **1944** hour **9** minute **A** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Pulmonary Hemorrhage**

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

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 **Walter J. Perry** (M. D. or other) \_\_\_\_\_

Address **1217 E. 12th St.** Date signed **5/3/44**

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 Agonoshki*  
Licensed Embalmer No. *3898*

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.**