

FILED AUG 14 1944

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

6792

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOHN'S 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.....
years, months or days)

3. (a) PRINT FULL NAME..... KATHERINE DOWLING S.A.

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..... MARRIED

6. (b) Name of husband or wife..... JOHN J. DOWLING 6. (c) Age of husband or wife if alive..... 62 years

7. Birth date of deceased..... JAN. 22 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 6 9 hr. min.

9. Birthplace..... ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation..... AT HOME

11. Industry or business.....

MOTHER FATHER

12. Name..... OWEN MORAN

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

14. Maiden name..... BRIDGET GALLAGHER

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

16. (a) Informant..... JOHN J. DOWLING
(b) Address..... # 50 PICARDY LANE (LADUE)

17. (a) BURIAL (b) Date thereof..... 8-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... CALVARY CEMETERY

18. (a) Signature of funeral director..... Arthur J. Kennedy
(b) Address..... 3840 Lindell Blvd

19. (a) AUG 3 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County..... ST. LOUIS

(c) City or town..... LADUE MO.
(If outside city or town limits, write "RURAL")

(d) Street No. #50 PICARDY LANE
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... AUG. day..... 1
year..... 1944 hour..... 2 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from..... February 4 to..... August 1, 1944
that I last saw her alive on..... August 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Heart failure
Secondary cancer

Due to..... Carcinomatous

Due to..... Adeno-Carcinoma of

Other conditions..... Pt breast
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations..... 50

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.....

23. Signature..... J. F. Bredek (M. D. or other)
Address..... 4567 Maryland Date signed..... 8/2/44

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.