

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9879

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: City Hospital  
(If not in hospital or institution, write street number or location) U  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 85 yrs 9 mos 7 das 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. 2509 Maiden Lane (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Ann Downey

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Feb. 12, 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housework

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

12. Name Patrick Houlihan  
13. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Bridget Danford  
15. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Alley  
(b) Address 2127 Madison St

17. (a) burial (b) Date thereof 11-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhue Goodhue While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

(b) Address 2228 St. Louis Ave

19. (a) NOV 21 1944 (b) J. J. Brudeck 23. Signature Dr. L. J. ... (M. D. or D. O.) 11/20/44  
(Date received local registrar) (Registrar's signature) Address 1515 Lafayette Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th  
year 1944 hour 12:05 minute 4 M.

21. I hereby certify that I attended the deceased from 11/16/44  
\_\_\_\_\_ 19\_\_\_\_ to Nov. 20th 1944  
that I last saw her alive on Nov. 20th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia Duration 6 days

Due to Hypertensive cardiovascular disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy same

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....

*Marie A. Cashion*

Licensed Embalmer No.....

*3949*

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.**