

FILED DEC 14 1944

Registration District No. 517

Primary Registration District No. 3069

Registrar's No. 2476

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

96
8
3

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Mo (b) County St. Louis 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. 7446 Hiawatha 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Dowd

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Apr. 11 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____
12. Name John Coleman
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Killoran
15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. Luepke

(b) Address 7446 Hiawatha

17. (a) Burial (b) Date thereof Dec 7 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director M. J. Caspach

(b) Address 7146 Maplewood Ave

19. (a) DEC 8 1944 (b) E. J. McLaughlin
(Date received local health dept) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1944 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from 12/17 1944 to 12/2 1944
that I last saw him alive on Dec 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arterio-Sclerotic Heart Disease

Due to _____
Due to 938

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None

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) Means of injury _____
Signature John Buscoe (M. D. or other) MD
Address Maplewood Mo Date signed 12/1/44

707

DEC 18 1944

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..... *Albert G. Hopper*
Licensed Embalmer No..... *2971*
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.