V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

Registration District No. 158

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 9654

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural-S Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days 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.
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DOWD, Frank Dewitt

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male 9

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Henrietta Dowd

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased January (Month) 7 (Day) 1918 (Year)

8. AGE: Years 27 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Clayton (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Helper.

11. Industry or business Mechanic

FATHER
12. Name Athalee Dowd
13. Birthplace UNK. (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Fannie Miler
15. Birthplace UNK. (City, town, or county) Miss. (State or foreign country)

16. (a) Informant File
(b) Address MCFP

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Fred C Thieme
(b) Address 1100 Boonville Ave., Spfd. Mo.

19. (a) 3-24-45 (Date received local registrar) (b) B W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1945 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 15, 1945, to March 23, 1945; that I last saw him alive on March 23, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to Gunshot fracture of spine at 11th thoracic vertebra & infected gun-shot fracture of shaft of left humerus.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 200	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No data
(a) Accident, suicide, or homicide (specify) Patient transferred to this institution from U.S. Marshall, Eastern District of Missouri.
(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 E W Moreland (M. D. or other) M.D.
Address Date signed 3/23/45

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C Phelps

Licensed Embalmer No. 2899

P. O. Address Springfield 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.

DEPARTMENT OF JUSTICE

MEDICAL CENTER FOR FEDERAL PRISONERS

SPRINGFIELD, MISSOURI

April 16, 1945

James Stewart, M. D., Special Agent,
Bureau of the Census,
Division of Vital Statistics,
State Board of Health,
Jefferson City, Missouri.

RE: DOWD, Frank Dewitt, Register No. 5053-H (Deceased)

Dear Dr. Stewart:

This will acknowledge supplemental copy of standard certificate of death and your request that we complete Item 22, stating whether or not this was an accident, homicide or suicide. As we indicated in our original certificate of death, we regret we do not have this specific data, as our records are incomplete. However, the following information may be of some help:

In Case No. 23459, on Thursday, December 16, 1943, in Division 3 of the United States District Court for the Eastern Judicial District of Missouri, Eastern Division, Honorable Rubey M. Hulen presiding, sentenced Dowd to a term of two (2) years on each of two counts. Immediately after imposition of the sentence, Dowd escaped from the custody of the U. S. Marshal.

On March 14, 1945, the Director, U. S. Bureau of Prisons, informed the U. S. Marshal, St. Louis, Missouri, that the Medical Center had been designated for Frank Dewitt Dowd. A copy of this telegram was received at the Medical Center. On March 16, 1945, we also received a letter from David A. Kimrud, St. Louis County Hospital, Clayton, Missouri, informing us that Dowd was a 26 year old negro male, who entered the County Hospital on July 25, 1944, brought by Maplewood Police with bullet wounds of both arms above the elbows and the mid-back at the eleventh dorsal vertebra. The letter gave a detailed description of his physical condition and indicated his condition as grave and the prognosis as hopeless.

On March 15, 1945, arrangements between the Warden of this institution and the U. S. Marshal of St. Louis were completed and Dowd was transferred from the St. Louis County Hospital, Clayton, Missouri to the U. S. Medical Center.

In case further information is needed in order for you to correctly code the death, it is suggested that this may be obtained from the U. S. Marshal of St. Louis, from the records of the St. Louis County Hospital, at Clayton, Missouri or from the records of the Maplewood Police Department.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

By direction of the Warden and Chief Medical Officer.

E W Moreland

E. W. MORELAND
Surgeon, USPHS
Clinical Director

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