

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **35198**
Registrar's No. **10016**

FILED NOV 29 1945
Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DESLOGE 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 Downey, Jesse
3. (b) If veteran, name war unk
3. (c) Social Security No. unk.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife CLARATYREL DOWNEY
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased OCT. 29 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>0</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace CHARLESTON ILL. I
(City, town, or county) (State or foreign country)

10. Usual occupation MACHINE OPERATOR

11. Industry or business WILES-CHIPMAN LBR. Co.

MOTHER FATHER
12. Name DAN DOWNEY
13. Birthplace ILL. I
(City, town, or county) (State or foreign country)
14. Maiden name LIDA GRIMES
15. Birthplace ILL. I
(City, town, or county) (State or foreign country)

16. (a) Informant DESLOGE HOEP RCD6.
(b) Address ST. LOUIS, MO

17. (a) BURIAL (b) Date thereof 11-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Robert H. Hoep
(b) Address 4700 Vandeventer Ave. St. Louis

19. (a) NOV 19 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County ST. LOUIS
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4466 SWAN AVE.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
year 1945 hour 11: minute 20 A. M.
21. I hereby certify that I attended the deceased from September 26th 1945 to November 12th 1945.
that I last saw him alive on November 12th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
Due to Carcinoma of Head of Pancreas
Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Carcinoma of Head of Pancreas
Carcinomatous

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 Lucretia T. Smutek (M. D. or other) MD
Address 1325 S. Grand Ave. Date signed 11-13-45

Duration Uncertain
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Separate Emb. Cert filed

NOV 19 1945

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.....

..... Licensed Embalmer No.....

..... 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.