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5-17-39
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FILED FEB 1 1948
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State File No. _____
Registrar's No. 544

Registration District No. _____ Primary Registration District No. 1003

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:
On Sidewalk 4244 Manchester Ave., 3
Pronounced dead at St. Mary Hospital
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME VIRGIL L. DOWELL.

3. (b) If veteran, Canadian name war W. W. 1.
3. (c) Social Security No. 497-03-9878

4. Sex Male. 0 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Bernice Dowell.
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21, 1902.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43. 6. 26. hr. min.

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

10. Usual occupation Bus Operator.

11. Industry or business Public Service Company.

MOTHER FATHER

12. Name Elmer M. Dowell.

13. Birthplace Audrain County, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Alice Miller.

15. Birthplace Rich Hill, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer M. Dowell.

(b) Address 5636 Etzel Ave.,

17. (a) Burial. (b) Date thereof 1-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.,

19. (a) JAN 17 1948 (b) J. J. Bredecker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 18/17
(d) Street No. 4244a Manchester Ave.,
(If rural, give location) 90
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1946 hour 12 minute 25 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction
atherosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings:
Of operations _____
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)
(c) Means of injury _____
23. Signature Alfred J. Perry (M. D. or other) 3
Address Deputy Coroner Date signed 1-17-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2456

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.....

Don Paul Marble....., Registered Apprentice No. 381
working under my personal supervision.

Signed Clarence H. Murray.....

Licensed Embalmer No. 4311.....

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.