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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

2420

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 994

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Athletic Club 405 Washington Av
(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 Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 405 Washington Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Patrick Dowling

3. (b) If veteran, name war No

3. (c) Social Security No. 492-05-1338

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 5 (Day) 1875 (Year)

8. AGE: Years 71 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation Pump Manufacturer

11. Industry or business Metal Ware Factory

FATHER
12. Name Edward Dowling
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Anna Maher
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mr. Edward Dowling.
(b) Address 4954 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- 31- 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) JAN 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 29
year 1947 hour 8 minute 0 A M.

21. I hereby certify that I attended the deceased from 6-10, 1946 to 1-29-47, 19
that I last saw him alive on 1/28-47, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr. anterio Sclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work Means of injury

23. Signature Charles N. Guerry (M. D. or other)

Address 508 N Grand Ave Date signed 1-29-47

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1947

## 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 Frick

Licensed Embalmer No. 3186

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.**