

S. No. 2
 -12-45
 5-17-39
 I X4703

FILED MAR 11 1947

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

2104

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5055 Terry Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 090

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

(d) Street No. 5055 Terry Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ellen Dowling

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

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

6. (b) Name of husband or wife Maurice Dowling 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. 4th. 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th.
 year 1947 hour 4.30 minute P M.

21. I hereby certify that I attended the deceased from 5-8-46, 19____, to 2-26-47, 19____;
 that I last saw her alive on 2-26-47, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>6</u>	<u>22</u>	_____ hr. _____ min.

Immediate cause of death Chronic diffuse nephritis Duration don't know

Due to _____

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

10. Usual occupation Housewife

Due to none

Other conditions 131
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name James Shanahan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Ryan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Maurice Dowling

(b) Address 5055 Terry Ave.

17. (a) Burial (b) Date thereof 3/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Sullivan Funeral Dir
(Specify type of place)

(b) Address 8849 North Euclid Ave.

19. (a) MAR 1 1947 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

Signature Walter H. Spooneman M. D.
(M. D. or other)

Address 1506 St. Louis Date signed 2-28-47

Dr. Spoeneman

1506 St. Louis Ave. CE. 0638

Wanted but left 3:30 pm Thurs
3:00 pm

Call between 1 + 2 pm Friday am

July

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 Robert L. Bruckman
Licensed Embalmer No. 3553

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.