

No. 2
12-45
5-17-39
X47070

FILED APR 23 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3762**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Bethesda Hospital
(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 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **5-000**

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **17**

(d) Street No. 1222 Shawmut Pl.
(If rural, give location) **9**

(e) Citizen of foreign country? No. (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME Bland Downing

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 8 day.

year 1947 hour 1: minute 00 A. M.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife. Crescentia Bushman

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased. July 5 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-29, 1947, to 4-8, 1947.

that I last saw him alive on 4-7, 1947, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>9</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death myocardial infarction **1wh**

Due to Coronary occlusion

Due to Coronary sclerosis

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

10. Usual occupation Manuel Training Teacher

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business Irving School

12. Name Harvey B. Downing

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

14. Maiden name Harriett McMahill

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Crescentia Downing

(b) Address 1222 Shawmut Pl.

17. (a) burial (b) Date thereof 4-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry, Mo.

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? 0

18. (a) Signature of funeral director Alexander Louis

(b) Address 6175 Delmar

19. (a) APR 9 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) (Type of injury)

23. Signature Harford Phillips (M. D. or other) _____

Address 1117 N. Union Date signed 4-8-47

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

MOTHER FATHER

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 Thomas C Fenwick
Licensed Embalmer No. 3793
P. O. Address 6175 Delmar

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.