No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947
#62001

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29085

Registrar's No. 7729

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

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: St. Louis City Hospital-Max C. Starkloff Memorial
(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 MO (b) County Ooo

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

(d) Street No. 1421 HOGAN ST 9
(If rural, give location)

21

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

If yes, name country

3. (a) PRINT FULL NAME MARY GUYE

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 JOSEPH

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

7. Birth date of deceased SEPT (Month) 13 (Day) 1871 (Year)

8. AGE: Years 75 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation U.K.

11. Industry or business

FATHER
12. Name MAURICE DOWNEY
13. Birthplace U.K. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JULIA U.K.
15. Birthplace U.K. (City, town, or county) (State or foreign country)

16. (a) Informant MISS GOLDMAN.
(b) Address 2335 MULLANPY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell

19. (a) AUG 14 1947 (Date received local registrar) (b) J F Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th year 1947 hour 12:10 minute A M.

21. I hereby certify that I attended the deceased from 7/31/47, 19, to Aug. 6th, 1947 that I last saw her alive on Auf. 6th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis & vascular accident Cerebral

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (e) Means of injury 0

23. Signature 1515 Lafayette (M.D. or other) 8/6/47

Address John R. Loughrod, MD Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Farmington 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.