

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13752
Registrar's No. 78

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Charles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 Minutes
In this community 36 Minutes
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Howell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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9
3
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3. (a) PRINT FULL NAME Gary Wayne Downs
(b) If veteran, name war NIL
(c) Social Security No. NIL

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 April 8 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. 36 min.

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

10. Usual occupation None

11. Industry or business _____

FATHER
MOTHER

12. Name Claude Downs

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

14. Maiden name Alice Huffstutter

15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Downs
(b) Address 1017 Howell-St. Charles, Mo.

17. (a) burial (b) Date thereof April 8-1948
(Burial, cremation, or other) (City or town) (County) (State) (Year)
(c) Place: burial or cremation Oak Grove Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co.
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 4/29/48 Francis J. ...
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour 8:35 minute A. M.

21. I hereby certify that I attended the deceased from APR 8
1948 to APR 8 1948
that I last saw him alive on APR 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
PREMATURE (5 MONTHS)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 159
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? 0

While at work? _____ (Specify type of place)
Of _____ (Specify type of place)
Signature Galvin ... (M. D. or other) H. J.
Address St. Charles Mo. Date signed 4/8/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 13 1948

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.....

Not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.