FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21114

Registrar's No. 5917

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

1. PLACE OF DEATH:

(a) County

(b) City or town: Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2951 Lincoln Avenue
(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: Florida (b) County

(c) City or town: Tampa
(If outside city or town limits, write "RURAL")

(d) Street No.: 204½ West Ross
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Nellie V. Mc Dowell

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: Widowed

6. (b) Name of husband or wife: Late Charles Mc Dowell

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

7. Birth date of deceased: August 31st, ~~1878~~ 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	10	0	hr. min.

9. Birthplace: Charleston, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Forest
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Hazel Paterson
(b) Address: 204½ W. Ross, Tampa, Fla.

17. (a) Removal-Rail (Burial, cremation, or removal) (b) Date thereof 7/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Tampa, Florida

18. (a) Signature of funeral director: Calvin F. Feutz
(b) Address: 4828 Natural Bridge Blvd.

19. (a) JUL 2 1948 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1948 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-21, 1948 to 7-1, 1948; that I last saw h. alive on 6-30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infarct of Heart Muscle	
Due to: Coronary Occlusion	2 wks.
Due to: Chronic Myocarditis.	7 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature: Melvin Jeos (M. D. or other) M.D.
Address: 3611 St. Louis Blvd. Date signed 7-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Transit to St. Louis

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 John A. Mlinar

Licensed Embalmer No. 4186

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.