

FILED JUL 22 1948
318
Registration District No. _____

Primary Registration District No. **1003**

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1527 E. Obear
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Julia A. Downey

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased March 25 1869/1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Allen

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

14. Maiden name Julia Welsh

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

16. (a) Informant Mrs. Mabel C. Hilton

(b) Address 1527 E. Obear

17. (a) Burial (b) Date thereof 7-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) JUL 14 1948 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 10 minute 55 a. m.

21. I hereby certify that I attended the deceased from July 8
to July 13 19 48
that I last saw h. alive on July 13 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Femur
Fall

Due to Cornway Schenck

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

Major findings: OK P.E.T.
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) yes Accident

(b) Date of occurrence July 8 - 1948

(c) Where did injury occur? Helen 1527 Obear
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See above
While at work _____ (Specify type of place) (e) Means of injury Fall

23. Signature Gene L. Montoye (M. D. or other) MD

Address 4032 W. Flourville Date signed 7/14/48

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

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.....

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.