

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1948
25251

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27653
State File No.
7342
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 Memorial
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME Walter Downs

3. (b) If veteran, No
name war
3. (c) Social Security
No. 488-05-5844

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

6. (b) Name of husband or wife MARY
6. (c) Age of husband or wife if alive Dec 21, 1877

7. Birth date of deceased July 18 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 18 hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Sam Carson

(b) Address 611 N. 7 St

17. (a) Requival (b) Date thereof 8-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis

18. (a) Signature of funeral director Harry Adams

(b) Address E. St. Louis

19. (a) AUG 21 1948 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis 999
(If outside city or town limits, write "RURAL")
(d) Street No. 611 N. 7 St 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. - day 5th
year 1948 hour 11:20 minute P M.

21. I hereby certify that I attended the deceased from 5-29-48
to 8-5-48, 19

that I last saw him alive on August 5, 1948, 19
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis
Due to

Due to

Other conditions 1/3
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Sam Carson (M. D. or other)

Address 1515 Lafayette Date signed 8-6-48

(Licensed Embalmer's Statement on Reverse Side)

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.