

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17935

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>946</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Clayton, Mo. Richmond</u>		c. LENGTH OF STAY (In this place) <u>pts</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		0-17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5025 Waterman</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fenton T.</u> b. (Middle) <u>Dowling</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1949</u>				
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>SEPT. 1, 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR <u>7</u> Months <u>16</u> Days	IF UNDER 24 HRS. _____ Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo.</u> 0		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>JOHN DOWLING</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA McDONALD</u>		14. NAME OF HUSBAND OR WIFE <u>EMILIE DOWLING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EMELIE DOWLING</u> ADDRESS <u>5025 WATERMAN</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia type undeter</u> <u>minut</u> ANTECEDENT CAUSES <u>arterio sclerotic heart?</u> <u>dissect</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>pulmonary infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>93d</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2/15/49</u> <u>4/15/49</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4/20/49</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4/15</u> , 19 <u>49</u> , to <u>4/16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/16</u> , 19 <u>49</u> and that death occurred at <u>7:15</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>(John) Cowley</u> (Degree or title) _____			23b. ADDRESS <u>508 N Grand</u>		23c. DATE SIGNED <u>4/17/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-18-49</u>	REGISTRAR'S SIGNATURE <u>Shirley L. Langer MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand Blvd.</u>				

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

David Lee Farnow

Signed _____
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6322 La Grange*

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.