

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18006**
Registrar's No. **975-**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3064**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) FERGUSON		c. CITY (If outside corporate limits, write RURAL and give township) FERGUSON	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 103 N. ELIZABETH	
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 N. ELIZABETH			

3. NAME OF DECEASED (Type or Print) JOHN ALBERT DOWDALL			4. DATE OF DEATH (Month) (Day) (Year) 4-20-1949		
5. SEX M. Wb	6. COLOR OR RACE Wb	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-13-1871		9. AGE (In years last birthday) Months Days Hours Min. 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH T. DOWDALL		13b. MOTHER'S MAIDEN NAME MALVINA V. CONRYER		14. NAME OF HUSBAND OR WIFE MARY ELLEN DOWDALL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary E. Dowdall 103 N. Elizabeth		

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 151X			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 46b			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (m.)		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 **Jan**, 1949, to **Apr 20**, 1949, that I last saw the deceased alive on **Apr 19**, 1949, and that death occurred at **1:50 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. P. Hughes M.D.		23b. ADDRESS Ferguson Mo		23c. DATE SIGNED 4/20/49	
--	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-22-49	24c. NAME OF CEMETERY OR CREMATORY ST FERDINAND	24d. LOCATION (City, town, or county) (State) FLORISSANT Mo		
--	-----------------------------	---	---	--	--

DATE REC'D BY LOCAL REG. 4-21-49		REGISTRAR'S SIGNATURE Thuid L. L...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Schuur 3125 Lafayette	
--	--	---	--	---	--

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

96
6
20

96
4

2

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.

Student

Student Embalmer

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.