

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18069

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6026 Registrar's No. 935

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) Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital		d. STREET ADDRESS (If rural, give location) 4964 Harney	

3. NAME OF DECEASED (Type or Print) John	a. (First)	b. (Middle) A.	c. (Last) DOWNER	4. DATE OF DEATH (Month) (Day) (Year) April 16 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-17-96	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs.: Hours) (Min.) 52
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Mail carrier)	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Ashley, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John J. Downer	13b. MOTHER'S MAIDEN NAME Louisa Nevelgel	14. NAME OF HUSBAND OR WIFE Evelyn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW-1	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME EUGENE F. NOLAN, Registrar	ADDRESS VAH, Jefferson Barracks, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBELLAR TUMOR		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERNAL HYDROCEPHALUS		57d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ----	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ----
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 15, 1949, to April 16, 1949**, that I last saw the deceased alive on **April 16, 1949**, and that death occurred at **1:20a m.**, from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell (Degree or title) L.E. Stilwell, M.D. Chf. Pro. Services Vet. Adm. Hosp. Jeff. Brks. Mo.	23b. ADDRESS 4/16/49	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-19-49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri.
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DATE REC'D BY LOCAL REG. 4-18-49	REGISTRAR'S SIGNATURE Thurid B. Lemmgen	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	ADDRESS 2161 E. Fair - St. Louis, Missouri
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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.

Student
Student Embalmer

Signed William G. Bauhofer

Licensed Embalmer No. 21103

P. O. Address St. Louis

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.