

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39629

State File No. 2003

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 4343
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY 800		
b. CITY (If outside corporate limits, write RURAL and give town or township) UNIVERSITY CITY, MO.		c. LENGTH OF STAY (in this place) 58 WEEKS c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS VIA		
d. FULL NAME OF HOSPITAL OR INSTITUTION 7032 NORTH MOOR DR.		d. STREET ADDRESS 280 NO. SKINKER		
3. NAME OF DECEASED (Type or Print) DANIEL J. DOWNEY		a. (First)	(Middle)	c. (Last)
4. DATE OF DEATH		(Month)	(Day)	(Year)
NOV. 6		1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC. 8 - 1896	9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUDITOR		10b. KIND OF BUSINESS OR INDUSTRY FEDERAL RESERVE	11. BIRTHPLACE (State or foreign country) MO	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME DANIEL J. DOWNEY		13b. MOTHER'S MAIDEN NAME MOLLY O'REILLY	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Marie Downey - 7032 Northmoor	
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) Coronary Artery Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11/20/
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May 2, 1949, to Nov. 6, 1949, that I last saw the deceased alive on Nov. 6, 1949, and that death occurred at 11:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE H. C. Krenning		(Degree or title)		23b. ADDRESS 4548 Harris Ave
23c. DATE SIGNED 11/7/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV 9 - 1949	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
DATE REC'D BY LOCAL REG. 11-8-49		REGISTRAR'S SIGNATURE Herbert R. Wozniak		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5165 DELMAR BL L. MULLEN UND. CO

(Licensed Embalmer's 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 W. G. Farris

Signed.....  
Student Embalmer

Licensed Embalmer No. 3384

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.