

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2479

765

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>12 HRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Johns Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>7069 BANCROFT AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Downs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 22, 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 3, 1893</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOS DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SERV.</u>		11. BIRTHPLACE (State or foreign country) <u>DOVEL TENN.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GARLAND DOWNS</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE DOWNS</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET DOWNS</u>	
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. <u>494-01-1324</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARGARET DOWNS 7069 BANCROFT</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>Lympho-Sarcoma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>10/13/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lympho-Sarcoma Left Inguinal Region</u>		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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>200.1</u>					
22. I hereby certify that I attended the deceased from <u>10/1</u> , 19 <u>50</u> , to <u>Jan 22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/21</u> , 19 <u>51</u> , and that death occurred at <u>9:24</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Hennelly M.D.</u>				23b. ADDRESS <u>16 Hampton Village Plaza</u>		23c. DATE SIGNED <u>1/24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Coghlan</u>		ADDRESS <u>7146 Manchester</u>	

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

CROSHAN  
H: 1440

DR. HENNELLY  
= 6241 LORAN =

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Allen Davis Jr.*

Licensed Embalmer No. 4053

Signed.....  
Student Embalmer

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.