

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6021
 985

FILED FEB 16 1951

1003

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ 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) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3002 Market Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) c. (Last) <u>Dowden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 6, 1904</u>		9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pine Bluff, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>1</u>		13a. FATHER'S NAME <u>Sam Dowden</u>		13b. MOTHER'S MAIDEN NAME <u>Claricia (Unk)</u>	
14. NAME OF HUSBAND OR WIFE <u>Iena Dowden</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Sam Dowden, Jr</u>		ADDRESS <u>3002 Market St</u>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>None</u>					
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? <u>332X</u>	

22. I hereby certify that I attended the deceased from 1-25, 1951, to 1-27, 1951, that I last saw the deceased alive on 1-27, 1951, and that death occurred at 7:55a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Larson W Harris M. D.D.</u>		23b. ADDRESS <u>2601 N Whittier</u>		23c. DATE SIGNED <u>1-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/31/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker T. Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Centerville Twp., Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. C. Green</u>		ADDRESS <u>3517 Laclade</u>	
DATE REC'D BY LOCAL REG. <u>JAN 31 1951</u>		REGISTRAR'S SIGNATURE <u>Larson W Harris</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1291

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 Melvin E. Green

Signed
Student Embalmer

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

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.