

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14000
State File No. 3318
318 1003 Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3318	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Gladale		d. STREET ADDRESS (If rural, give location) 4174 Burgen 1375 Monner	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4174 Burgen							
3. NAME OF DECEASED (Type or Print) Harold		a. (First)		b. (Middle) F.		c. (Last) Downey	
4. DATE OF DEATH (Month) (Day) (Year) 4/6/51		5. SEX 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Separated	
8. DATE OF BIRTH Jan. 21, 1903		9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (State or foreign country) E. St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Downey		13b. MOTHER'S MAIDEN NAME Cecelia Siebenhar	
14. NAME OF HUSBAND OR WIFE Neoma		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecelia Gnau--4174 Burgen	
18. CAUSE OF DEATH (See only (a) and (b) on line 18 (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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease DUE TO (c) Old myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hr. 1 yr. By -	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201				22. I hereby certify that I attended the deceased from Jan 1947 to 4-6 1951, that I last saw the deceased alive on 4-6 1951, and that death occurred at 9:05 a. m., from the causes and on the date stated above.	
23a. SIGNATURE J. N. Schubert		(Degree or title) M.D.		23b. ADDRESS 5703 Olppum		23c. DATE SIGNED 4/7/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/10/51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. APR 9 1951		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderte		ADDRESS 3634 Gravois	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert C. White.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2128.....

P. O. Address Lawrence, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

State File No. 14000-51
Local Registrar's No. 3318

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth
for Harold F. Downey died 4-6-1951, 19....., in the State of
~~xxxx~~ Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 20 should read Glendale

Instead of St. Louis

Item No. 2d should read 1375 Monier Dr

Instead of 4174 Burgen

Item No. 7 should read Married

Instead of Separated

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief. Fun dir

(SEAL) Affiant Neuber & Appel Co Relationship. Res. 11111 of 11111

3634 Graves
Present Address.

Subscribed and sworn to before me this 2nd day of Oct., 1951

My Commission expires 3.4.53 Earl C Pullman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.