

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17993**
4925

FILED JUN 5 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 3007 No. Union Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3007 No. Union Blvd.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	

3. NAME OF DECEASED (Type or Print) a. (First) AMANDA b. (Middle) DOWELL c. (Last) DOWELL			4. DATE OF DEATH (Month) (Day) (Year) May 24, 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Mar. 16, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Polk County, Illinois	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Mary McQueen		14. NAME OF HUSBAND OR WIFE Allen	

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.	17. INFORMANT'S SIGNATURE OR NAME Stella Catanzaro ADDRESS 3007 No. Union Blvd.	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Starvation & paralysis of respiratory</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Decubitus ulcer</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X	

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?	

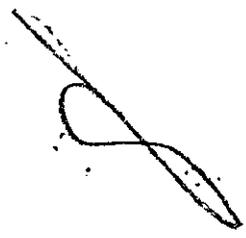
22. I hereby certify that I attended the deceased from **9-10, 1950, to 5-24, 1951**, that I last saw the deceased alive on **5-24, 1951**, and that death occurred at **9:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE M. Kimmelman M.D. (Degree or title)		23b. ADDRESS 3909 Union		23c. DATE SIGNED 5-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-28-51	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. MAY 27 1951		REGISTRAR'S SIGNATURE J. B. Lazarus		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin ADDRESS 2501 Lafayette Avenue	

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

X

Dr. N. Kimelman, MD
3409 No. Union Blvd.



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.....



Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.