

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17994

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5019	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>Missouri</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>4 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> <i>2129</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>108 No. Kingshiway Bl.</i>				12. STREET ADDRESS (If rural, give location) <i>108 No. Kingshiway Bl.</i>			
3. NAME OF DECEASED (Type or Print) <i>Robert</i>		a. (First)		b. (Middle) <i>C.</i>		c. (Last) <i>Dowell</i>	
4. DATE OF DEATH		(Month) <i>May</i>		(Day) <i>26</i>		(Year) <i>1951</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		8. DATE OF BIRTH <i>Oct. 29-1889</i>	
9. AGE (In years last birthday) <i>61</i>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Kingsway Hotel</i>			11. BIRTHPLACE (State or foreign country) <i>Pinkneyville Illinois</i>	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME <i>Monroe Dowell</i>			13b. MOTHER'S MAIDEN NAME <i>Eugenia Lewis</i>			14. NAME OF HUSBAND OR WIFE <i>Daisy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <i>Daisy Dowell 108 No. Kingshiway Bl.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>					<i>Coronary</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary sclerosis</i>					<i>Indetermin.</i>
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____					
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) <i>W</i>		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? <i>H201</i>			
22. I hereby certify that I attended the deceased from <i>1948</i> , 19____, to <i>May 26, 1951</i> , that I last saw the deceased alive on <i>May 23, 1951</i> , and that death occurred at <i>8:15 p m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. W. Messy, Jr.</i>			(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>634 W. Grand</i>		
23c. DATE SIGNED <i>5/29/51</i>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>5-29-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mount Hope</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>MAY 31 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Darater</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin's</i>		
					ADDRESS <i>2301 Lafayette</i>		

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

Dr. H. D. Missey, M.D.
6210⁹ Columbia Ave

6709

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 H. G. Farris

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.