

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21322

FILED JUN 23 1951

State File No. _____

Registrar's No. **5416**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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		2109
d. FULL NAME OF HOSPITAL OR INSTITUTION 4312 Labadie Ave.			d. STREET ADDRESS (If rural, give location) 4312 Labadie Ave.		
3. NAME OF DECEASED (Type or Print) Georgia		a. (First)	b. (Middle) Mae	c. (Last) McDowell	4. DATE OF DEATH (Month) (Day) (Year) June 19 1951
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 8, 1910	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (State or foreign country) LaGrange, Ga.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Marchman		13b. MOTHER'S MAIDEN NAME Dora McGhee		14. NAME OF HUSBAND OR WIFE Rev. Ausbon McDowell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Alastine Moore	ADDRESS 4835 Greer Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				INTERVAL BETWEEN ONSET AND DEATH	
<p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>Purulent Hemorrhage</i></p> <p>DUE TO (c)</p>					
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 checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 331X		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 900A m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick E. Rayner</i> (Degree or title) Counselor			23b. ADDRESS 1300 East		23c. DATE SIGNED 6. 14. 51.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-14-51	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo		
DATE REC'D BY LOCAL REG. JUN 14 1951	REGISTRAR'S SIGNATURE <i>J. B. Luster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. France</i>		ADDRESS 1221 N. Grand

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

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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 *Clarence Cronin*

Licensed Embalmer No. *4755*

P. O. Address *1221 N. Grand*

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.