

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28187**
7076
Registrar's No. _____

No. 300
10.48

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1005**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission).
a. STATE **Mo** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, give RURAL and give township) **St. Louis** d. STREET ADDRESS (If usual, give location) **1306 1/2 N. Kingshighway**

d. FULL NAME OF DECEASED (If in hospital or institution, give street address or location) **Arthur Ernest Dowd**

3. NAME OF DECEASED
a. (First) **Arthur Ernest** b. (Middle) _____ c. (Last) **Dowd**

4. DATE OF DEATH (Month) (Day) (Year) **Aug. 6 1951**

5. SEX **M** **6. COLOR OR RACE** **Wh** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Married** **8. DATE OF BIRTH** **Mar. 12 1882** **9. AGE** (In years) (Month) (Day) (Year) **69**

10. USUAL OCCUPATION (Give kind of work) **Electrician Miller Elevator** **11. BIRTHPLACE** (State or foreign country) **Denver Colo.** **12. CITIZEN OF WHAT COUNTRY?** _____

13. FATHER'S NAME **Michael Dowd** **13b. MOTHER'S MAIDEN NAME** **Margaret** **14. NAME OF HUSBAND OR WIFE** **Effie Dowd**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ **16. SOCIAL SECURITY NO.** **491-18-2473** **17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS** **Effie Dowd 1306 1/2 N. Kingshighway**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Apoplexy** (b) **Arteriosclerotic Heart Dis** (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 weeks**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **4200** **20. AUTOPSY?** YES NO

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** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **Aug 6**, 19**51**, to _____, 19____, that I last saw the deceased alive on **Aug 6**, 19**51**, and that death occurred at **12 noon**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Domenico R. Piccolo MD** **23b. ADDRESS** **1951 S. Macdoni** **23c. DATE SIGNED** **8-7-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **8-9-51** **24c. NAME OF CEMETERY OR CREMATORY** **Calvary Cem.** **24d. LOCATION** (Give town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **AUG 8 1951** **REGISTRAR'S SIGNATURE** **J. B. Laster** **25. FUNERAL DIRECTOR'S SIGNATURE** **Chas. S. Mark** **ADDRESS** **1225 Union**

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James Binkley

Licensed Embalmer No. 3653

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.