

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14211**  
Registrar's No. **3287**

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> <b>2229</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Emment to HOMER PHILLIPS</b>		d. STREET ADDRESS (If rural, give location) <b>2721 A Clark</b>	

3. NAME OF DECEASED (Type or Print) <b>HENRIETTA DOWD.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-5-52</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>		6. COLOR OR RACE <b>Cal</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>2-27-1918</b>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>34</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <b>Thomas Holloway</b>		13b. MOTHER'S MAIDEN NAME <b>Money Fisher</b>		14. NAME OF HUSBAND OR WIFE <b>Dead</b>	
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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 ADDRESS <b>Money Holloway 2721 A Clark</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE OF (b)					
DUPLICATE OF (c)		DUPLICATE OF (d)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (e)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? <b>H51X</b>	
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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 **4:38** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph M. Gibson</b> (Sign or title)		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>4/8/52</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>	
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DATE REC'D BY LOCAL REG. <b>APR 8 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. G. Richardson 2625 Glasgow</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

*AD Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2675 Glasgow*

**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.