

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36320**
Registrar's No. **9296**

FILED NOV 14 1952

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. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Page Dale		4281	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS 6508 Whitney			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1952			
3. NAME OF DECEASED (Type or Print) Robert Dowell		a. (First)		b. (Middle)	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 4/11/1882		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR (Months) (Days) 5 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY City Hall		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert H. Dowell		13b. MOTHER'S MAIDEN NAME Annie Beasley	
14. NAME OF HUSBAND OR WIFE Geneva Dowell (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. --	
17. INFORMANT'S SIGNATURE OR NAME Ollie Erwin		ADDRESS 6508 Whitney			
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) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH Undet.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) Undetermined		DUE TO (c) None			
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)		21b. PLACE OF INJURY (e.g., to 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? 002x	
22. I hereby certify that I attended the deceased from 7-24-52 , to 10-5 , 19 52 , that I last saw the deceased alive on 10-5 , 19 52 , and that death occurred at 7:55p m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edw. B. Williams M. D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 10-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/9/52		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney	
DATE REC'D BY LOCAL OFF. OCT 8 1952		REGISTRAR'S SIGNATURE Charles J. Gates			

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

STATEMENT BY LICENSED EMBALMER

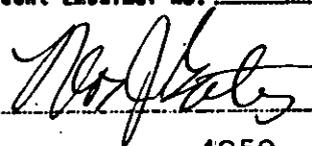
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.