

BIRTH NO. FILED JAN 23 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0120

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BARRACKS 23, MO.		c. LENGTH OF STAY (In this place) 83 DAYS d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) 2315A FRANKLIN	
3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) MC DOWELL c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1-12-53	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 3-6-21
9. AGE (In years last birthday) 31 YRS	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 5	IF UNDER 1000 Hours 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEMI-SKILLED LABORER		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE STORE	11. BIRTHPLACE (City and State or Foreign Country) MARIANNA, ARK.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME WILLIAM MC DOWELL	
13b. MOTHER'S MAIDEN NAME MARTHA COUNCIL		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNEC'S CIRRHOSIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5811	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-19, 1952, to 1-11, 1953, that I am a physician, and that death occurred at 4:00 pm., from the causes and on the date stated above.			
23a. SIGNATURE James P. Mcadden, M.D.		23b. ADDRESS VET. ADM. HOSP., JEFF. BRKS., MO.	23c. DATE SIGNED 1-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 15, 1953	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.
25. DATE REC'D BY LOCAL REG. 1-14-53	REGISTRAR'S SIGNATURE Herkut R. Douber...	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son 3133 Bell Ave.	

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. 2697

P. O. Address 2719

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.