

STANDARD CERTIFICATE OF DEATH

33118

FILED SEP 24 1953

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State File No. 8455
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 8455		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>16 3400 S. Grand Blvd. 2169 0</u>									
3. NAME OF DECEASED (Type or Print) <u>Margaret Dowling</u>			a. (First) _____			b. (Middle) _____			c. (Last) _____				
4. DATE OF DEATH <u>August 29, 1953</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>				
8. DATE OF BIRTH <u>September 4, 1871</u>			9. AGE (In years last birthday) <u>81</u>			IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>			IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>Rhineland, Mo.</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>John Dowling</u>			13b. MOTHER'S MAIDEN NAME <u>Regina Windolf</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister Henry 3400 S. Grand Blvd.</u>							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture right hip, and right wrist, when she fell at Little Sisters of the poor, 3400 So Grand Blvd., about 1030 am Aug 5 1953</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Blvd., about 1030 am Aug 5 1953</u> Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Home</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 5 5310P</u>				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>E9047</u>										
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 _____ P. M., from the causes and on the date stated above. <u>45</u>													
23a. SIGNATURE <u>Catriel E. Taylor</u>				23b. ADDRESS <u>1300 Clark</u>				23c. DATE SIGNED <u>8.31.53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>9/1/53</u>			24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>				
DATE REC'D BY LOCAL REG. <u>AUG 31 1953</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H. Gebken Sons 2630 Gravois Ave.</u>							

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.....
Signature of Student Embalmer

Signed..... *Robert F. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.