

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31740**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8425**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8425	
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis, Mo.		c. LENGTH OF STAY (In this place) 8 Yrs 10 Mo.		c. CITY OR TOWN St. Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital.				e. STREET ADDRESS (If rural, give location) 5800 Arsenal Street.			

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Downs c. (Last) Downs			4. DATE OF DEATH (Month) (Day) (Year) Sept. --12--54		
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Feb 4, 1891		9. AGE (In years last birthday) 63		10. MONTHS 7 YEARS 7 HOURS 0 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) odd jobs		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) Mississippi.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Downs		13b. MOTHER'S MAIDEN NAME Nancy Reed	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Monroe Downs		17. ADDRESS 2807 N. 10th			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis agitans.								
*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) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
			DUE TO (c)					
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., 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? o 350x				

22. I hereby certify that I attended the deceased from **Nov. 29, 1945**, to **Sept. 12, 1954**, that I last saw the deceased alive on **Sept. 12, 1954** and that death occurred at **8:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE William Downs, Parish M.D. (Degree or title)		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 9/13/54	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Sept. 16, 1954		24c. NAME OF CEMETERY OR CREMATORY Oakdale	
24d. LOCATION (City, town, or county) (State) Lemay, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE E. B. House		25. ADDRESS 1221 N. Grand	
DATE REC'D BY LOCAL REG. SEP 14 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

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 *Gayton Swan*
Licensed Embalmer No. *4580*
P. O. Address *1221 1/2*

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.