

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State: File No. **23666**
Registrar's No. **6337**

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 <i>Missouri</i> b. COUNTY	
b. CITY OR TOWN <i>St. Louis</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St. Louis</i>	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 <i>D.O.A. Home of Phelps</i>		e. STREET ADDRESS (If rural, give location) <i>2803 N. 10th St. 22610</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Irene</i>	b. (Middle) <i>Thompson</i>	c. (Last) <i>Dowse</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 21, 1955</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan. 18, 1890</i>	9. AGE (in years last birthday) <i>65</i>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Pacific, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Thomas Lawson</i>	13b. MOTHER'S MARDEN NAME <i>Mary Jane</i>	14. NAME OF HUSBAND OR WIFE <i>George Dowse</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mary Alice Spear</i>	ADDRESS <i>3055 E. Lyland</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pericardial Effusion</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <i>Pulmonary Edema</i>		
	DUE TO (c) <i>Cardiac Hypertrophy</i>		
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 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?
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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 *7:16 P.* m., from the causes and on the date stated above.

23a. SIGNATURE (Print or Title) <i>Catharine C. Taylor</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>7.22.55.</i>
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24. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>July 28, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>JUL 22 1955</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Brown</i>	ADDRESS <i>1221 N. Grand</i>
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S. P. (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.....
Signature of Student Embalmer

Signed *Malvin Blumhagen*.....

Licensed Embalmer No. *396*.....

P. O. Address *1221 N. 1st St.*.....

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.