

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1955

State File No. 38176

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9874

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) PAUL		b. (Middle)	c. (Last) DOWLING
4. DATE OF DEATH 11-10-55		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 5-12-1905		9. AGE (In years last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newspaper reporter		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Globe	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward P. Dowling		13b. MOTHER'S MAIDEN NAME Anna Cullinane	
14. NAME OF HUSBAND OR WIFE Beatrice Dowling		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Dowling, St. Louis, Mo.	
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) Rheumatic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH yrs.	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ii. OTHER SIGNIFICANT CONDITIONS	
ii. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		iii. Mitral Valvulitis - inactive + Congestive Heart Failure	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		416x	
22. I hereby certify that I attended the deceased from 4-21 1955 to 11-10, 1955, that I last saw the deceased alive on 11-9, 1955, and that death occurred at 4:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A.M. Huggins, M.D.		23b. ADDRESS 734 No. Theat. Bldg.	
23c. DATE SIGNED 11-10-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-12-55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS mCullinane Bros. 3320 N. Kingshighway St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 14 1955		REGISTRAR'S SIGNATURE J. C. Smith M.D.	

WRITE PLAINLY—USING UNFADEING 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 *Beverly J. [Signature]*.....
Licensed Embalmer No. 470.....
P. O. Address *[Signature]*.....

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.