

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10631

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Alabama b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 9 days		c. CITY OR TOWN Birmingham		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 Frisco Employees Hospital				e. STREET ADDRESS (If rural, give location) Route #3, Box 1161			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) ERSKINE		c. (Last) DOWNEY		4. DATE OF DEATH (Month) (Day) (Year) March 14 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-3-1904	
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co., Alabama	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Downey		13b. MOTHER'S MAIDEN NAME Lou Penny		14. NAME OF HUSBAND OR WIFE Mrs. Lillie Downey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 702-07-3097		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Downey, Birmingham, Alabama			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Cyst of Brain Left Parietal Region 2. Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) 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. 223x				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 3/13/56		19b. MAJOR FINDINGS OF OPERATION Craniotomy and Removal of Cyst Robert R. Woolsey				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE None (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) _____ m.		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 March 6, 1956, to March 14, 1956, that I last saw the deceased alive on March 14, 1956, and that death occurred at 9:40 a.m., from the causes and on the date stated above.							
23a. SIGNATURE V. W. Hollo, M.D. (Degree or title)				23b. ADDRESS 4960 Laclede, St. Louis, Mo.		23c. DATE SIGNED 3-14-56	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 3-14-56		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) Birmingham, Ala. (State)	
DATE REC'D BY LOCAL REG. MAR 15 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *John S. Pennington* Licensed Embalmer No. *91* P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.