

FILED JUN 1 1956

STANDARD CERTIFICATE OF DEATH

17786

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State File No.

Registrar's No. **3988**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	

1. PLACE OF DEATH a. COUNTY: **Illinois**
b. CITY: **St. Louis**
c. LENGTH OF STAY: **5 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION: **Mo Pac Hosp.**
STREET ADDRESS: **640 79th Street #126**

3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH	5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
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3. NAME OF DECEASED: **John Hemphrey Dowd**
4. DATE OF DEATH: **Apr 20 '56**
5. SEX: **m**
6. COLOR OR RACE: **w**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Single**
8. DATE OF BIRTH: **June 17 1903**
9. AGE: **52**
10. USUAL OCCUPATION: **Carman**
11. BIRTHPLACE: **E. ST LOUIS, ILL**
12. CITIZEN OF WHAT COUNTRY: **U.S.**

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME

13a. FATHER'S NAME: **PATRICK DOWD**
13b. MOTHER'S MAIDEN NAME: **MARGARET FRAWLEY**
14. NAME OF HUSBAND OR WIFE: _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES?: **Unknown**
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: **Mrs Catherine Compton**

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): **Myocardial Infarction**
2. ANTECEDENT CAUSES: **Arteriosclerosis**
19b. MAJOR FINDINGS OF OPERATION: **Branchio-Pneumonia, G.I. tract**
20. AUTOPSY: **Yes**

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?

21a. ACCIDENT SUICIDE HOMICIDE: _____
21b. PLACE OF INJURY: _____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): _____
21d. TIME OF INJURY: _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?: _____

22. I hereby certify that I attended the deceased from **April 16, 1956**, to **April 20, 1956**, that I last saw the deceased alive on **April 20, 1956**, and that death occurred at **10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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23a. SIGNATURE: **Remond H. Cheek, M.D.**
23b. ADDRESS: **Mo. Pac. Hospital - St. Louis**
23c. DATE SIGNED: **4-21-56**

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
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24a. BURIAL, CREMATION, REMOVAL (Specify): **REMOVAL**
24b. DATE: **4-23-56**
24c. NAME OF CEMETERY OR CREMATORY: _____
24d. LOCATION (City, town, or county) (State): **EAST ST LOUIS ILL**

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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DATE REC'D BY LOCAL REG.: **APR 23 1956**
REGISTRAR'S SIGNATURE: **Carl Smith M.D.**
25. FUNERAL DIRECTOR'S SIGNATURE: **Harry Collins**
ADDRESS: **E. St. Louis**

(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 *Frank Gropp*.....

Licensed Embalmer No. *435*

P. O. Address *St. Louis*

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.