

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4602

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY ST. LOUIS						
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) 4505		c. CITY OR TOWN Richmond Heights		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 ST. LUKES HOSPITAL			e. STREET ADDRESS (If rural, give location) 1358 McCutcheon						
3. NAME OF DECEASED (Type or Print)			a. (First) SARAH ANNES		b. (Middle)		c. (Last) McDOWELL.		
4. DATE OF DEATH			Month May		Day 11		Year 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 24, 1877		9. AGE (In years last birthday) 79	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife			10b. KIND OF BUSINESS OR INDUSTRY at home			11. PLACE OF BIRTH (City and State or Foreign Country) Dearborn, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Cornelius M. Davidson.			13b. MOTHER'S MAIDEN NAME Amanda Duncan.			14. NAME OF HUSBAND OR WIFE William A. McDowell.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Wm. A. McDowell; Dearborn, Missouri				
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious Myocardium					INTERVAL BETWEEN ONSET AND DEATH 2 da	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and Arteriosclerosis					yr	
			DUE TO (c) Carcinoma Colon					month	
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis-Apnea					2 yr +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma rectosigmoid - 2 Colectomy Mar 24 '56						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) 154x					
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?					
22. I hereby certify that I attended the deceased from 18 Aug , 19 54 , to 11 May , 19 56 , that I last saw the deceased alive on 11 May , 19 56 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Ray David Williams			(Degree or title) MD		23b. ADDRESS 114 No Taylor St. Saint Louis		23c. DATE SIGNED 21 May 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-13-1956		24c. NAME OF CEMETERY OR CREMATORY Dearborn, Missouri		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. MAY 11 1956		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; Delmar Blvd;				

(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 *Arnold W. Schoen*

Licensed Embalmer No. *386*

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.