

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24924

FILED JUL 20 1956

State File No. _____
Registrar's No. **6453**

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|---|--|--|--|---|--|--|
| 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 Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) Life | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | | e. STREET ADDRESS (If rural, give location) 20 2576a Palm Street | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) J. c. (Last) Dowling | | | 4. DATE OF DEATH (Month) July (Day) 9 (Year) 1956 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH August 7, 1896 | | 9. AGE (In years last birthday) 59 yrs if UNDER 1 YEAR Months _____ Days _____ if UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman | | 10b. KIND OF BUSINESS OR INDUSTRY Kroger Gro. Co. | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Dowling | | 13b. MOTHER'S MAIDEN NAME Ellen Alcorn | | 14. NAME OF HUSBAND OR WIFE Florence Dowling (Nee Spilker) | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1 | | 16. SOCIAL SECURITY NO. 493-03-1010 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Dowling, 2576a Palm St. | | | |
| 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) Acute Virus Pneumonia ANTECEDENT CAUSES DUE TO (b) Fecal Impaction, Rectal DUE TO (c) Secondary Anaemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 8 hours. 72 hours. 30 days. |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 492x 293x | | 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from April 16, 1956 , to July 9, 1956 , that I last saw the deceased alive on July 9, 1956 , and that death occurred at 11:25A m. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE Carl W. M. Ewan (Degree or title) M.D. | | | 23b. ADDRESS 4356 Warne Avenue (7) | | 23c. DATE SIGNED 7-10-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 12, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. JUL 10 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD. 15 | | |

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 *John A. McInnis*.....

Licensed Embalmer No. *4186*

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.