

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030324

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7304

|   |                             |   |  |
|---|-----------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY <i>St. Louis</i>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |                             | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN Maplewood <i>4534</i>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Luke's Hosp. <i>0</i>  |                             | Length of stay in lb<br>3 days  | d. STREET ADDRESS (If outside, give location)<br>7166 Lyndover Pl. <i>27</i> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>LUCILLE S. DOWDLE   |                             |   | 4. DATE OF DEATH<br>Month Day Year<br>July 26, 1958                          |
| 5. SEX<br>F   | 6. COLOR OR RACE<br>W       | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>8-29-1895  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Saleslady  |                             | 10b. KIND OF BUSINESS OR INDUSTRY<br>Ladies ReadyToWear   | 11. BIRTHPLACE (City and state or country)<br>Woodstock, Ala.                |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA   |                             | 13a. FATHER'S NAME<br>John L. Sullivan  |  |
| 13b. MOTHER'S MAIDEN NAME<br>Ruth Thompson  |                             | 14. NAME OF HUSBAND OR WIFE<br>Robert L. Dowdle   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO   |                             | 16. SOCIAL SECURITY NO.<br>427-12-8502  | 17. INFORMANT<br>737 <i>8</i> Yorkshire Dr.<br>Robert L. Dowdle, Affton, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Arteriosclerotic &amp; hypertensive heart Disease</i>   |                             |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>7 yr.</i>                             |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <i>420.0</i>   |                             |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                             |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                             | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br>—   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                             | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>—   |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                             | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <i>5-13-53</i> to <i>7-26-58</i> and last saw her alive on <i>7-26-58</i><br>Death occurred at <i>7:15</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |                             |   |  |
| 22a. SIGNATURE<br><i>George W. Stuer</i> (Degree or title) MD   |                             | 22b. ADDRESS<br><i>600 N. Union Blvd.</i>   | 22c. DATE SIGNED<br><i>7-28-58</i>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  | 23b. DATE<br><i>7-29-58</i> | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Magnolia Cemetery</i>  | 23d. LOCATION (City, town, or country) (State)<br><i>Meridian, Miss.</i>     |
| 24. FUNERAL DIRECTOR<br>JAY B. SMITH, Maplewood, Mo.  |                             | 25. DATE RECD. BY LOCAL REG.<br><i>III-29-58</i>  | 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith MD</i><br><i>m JB.</i>            |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Allen Lane* .....  
Licensed Embalmer No. *4053* .....  
P. O. Address *W.L.* .....

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.