FILED MAY 15 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014910
STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3876

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Lukes Hospital — Length of stay in Ib: 5- weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis 4485
c. CITY OR TOWN: Richmond Heights — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7439 Arlington Drive — Reside on Fa Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John — Middle: J — Last: Dowd
4. DATE OF DEATH (Month, Day, Year): April 18th.1959
5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: August 21st.1894
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR or UNDER 24 HRS.: Months | Days | Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic (retired
10b. KIND OF BUSINESS OR INDUSTRY: Auto Mechanic
11. BIRTHPLACE (City and state or country): St.Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Patrick Dowd
14. MOTHER'S MAIDEN NAME: Mary Ellen Brady
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs.John Dowd — Address: 7439 Arlington Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Embolis — INTERVAL BETWEEN ONSET AND DEATH: 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Subacute bacterial Endocarditis — 6 wks
DUE TO (c): Arteriosclerotic heart Disease — 6 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.0
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE
21. I attended the deceased from 2-10-59, to 4-18-59 and last saw him alive on 4-18-59
Death occurred at 1.45 A.m on the date stated above; and to the best of my knowledge, from the causes stated
22a. SIGNATURE: Irvin W. Moller M.D. (Degree or title)
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: 4/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4-21-1959
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks Missouri
24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: APR 20 '59
26. REGISTRAR'S SIGNATURE: Hoard Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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4485

Dr. Henry Nellis
2438 Woodside Rd
10 AM. 6 12 noon
12 to 3 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis Wille

Licensed Embalmer No. 3

P. O. Address 3840

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.