MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027621
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 506 Registrar's No. 2409

FILED AUG 3 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Manchester
Length of stay in 1b: 6 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Old Meramec Sta. Rd.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN: Manchester
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Old Meramec Station Rd.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Viola Middle: V. Last: Downs
4. DATE OF DEATH: Month: July Day: 27 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-3-01
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wm. Neilson
13b. MOTHER'S MAIDEN NAME: Sarah Hynes
14. NAME OF HUSBAND OR WIFE: Patrick Downs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
17. INFORMANT: James Downs Address: Florissant 2055 N. Waterford Mo.

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): Carcinoma rt breast with bone metastasis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 5-24-57, to 7-27-61 and last saw her/him alive on 7-26-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. H. Bowden M.D. (Degree or title)
22b. ADDRESS: 634-N Grand
22c. DATE SIGNED: 7-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 7-31-61
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Schrader Funeral Home ADDRESS: Ballwin, Mo.
25. DATE RECD. BY LOCAL REG.: 7-28-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Richard M. Bopp
Signature of Student Embalmer

Licensed Embalmer No. 4584

P. O. Address Baldwin, M

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.