MAR 24 1939 REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12300
Do not use this space.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

(a) County St. Louis 2 — Registration District No. 784

(b) Township or (c) City Pine Lawn 1 — Primary Registration District No. 700 — Registered No. 545

(d) Street No. 6216 Stillwell Drive St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. 3 30 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nora Lena O'Dowd

(a) Residence, No. 6216 Stillwell Drive St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter R. O'Dowd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Galvestan
(STATE OR COUNTRY) Texas 1

FATHER

13. NAME John Koerner 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER

15. MAIDEN NAME Unknown Unknown 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Peter R. O'Dowd
(ADDRESS) 6216 Stillwell Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Mar. 27, 1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.

20. FILED MAR 24 1939 R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939, to March 24, 1939

I last saw her alive on March 23, 1939. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	yr
hypertension	
131	

Other contributory causes of importance:

chronic nephritis	yr

Name of operation ..... Date of .....
What test confirmed diagnosis? Not ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Arthur Donnelly M. D.
(Address) 2207 University Street

(Licensed Embalmer's Statement on Reverse Side)

2202 University St. • Ce.3995

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.