

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1940
7917

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5229
Registrar's No. 2059

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 4954 Lindell Blvd.
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Paul M. Dowling
8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 3 1878

8. AGE: Years 61 Months 11 Days 25 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri

10. Usual occupation Pump Manufacturer

11. Industry or business Himself

MOTHER FATHER { 12. Name Edward Dowling

13. Birthplace Ireland

14. Maiden name Ann Maher

15. Birthplace Ireland

16. (a) Informant Mrs Paul M Dowling

(b) Address 4954 Lindell Blvd

17. (a) Burial (b) Date thereof 3 - 1-40

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros

(b) Address 1710 N. Grand Blvd

19. (a) FEB 29 1940 (b) J. J. Budick

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4954 Lindell Blvd
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 28
year 1940 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from Sept 1937 to Febr. 28 1940
that I last saw him alive on Febr. 27/40 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans
Due to arterio sclerosis

Other conditions Acute Insufficiency of
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
23. Signature Charles H. Cherry (M. D. or other) _____
Address St Louis Mo Date signed 2/28/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Fred Frick

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo*

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