

Registration District No. _____

FILED JUL 17 1940

Primary Registration District No. 1003

Registrar's No. 5113

1. PLACE OF DEATH: St. Louis, Mo.
 (a) County _____
 (b) City or town _____
 (c) Name of hospital or institution: 5047 Terry Ave.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis, Mo. 6
 (d) Street No. 5047 Terry Ave.,
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME: Nellie Dowling 452
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June 9th day 9th
 year 1940 hour 8 minute 30 P. M.
 21. I hereby certify that I attended the deceased from March 23, 1940, to June 9th, 1940.
 that I last saw him alive on June 9th, 1940,
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife: Thos. J. Dowling 67
 (c) Age of husband or wife if alive _____ years

Immediate cause of death: Chronic Myocarditis
 Duration: Unable to say

7. Birth date of deceased: April 13, 1876
 (Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 26
 If less than one day hr. _____ min. _____

Due to: _____
 Due to: _____
 Other conditions: Arteriosclerosis
 (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

9. Birthplace: St. Louis, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation: Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name: Thos. Church
 13. Birthplace: Ireland
 14. Maiden name: Mary (Unknown)
 15. Birthplace: Ireland

16. (a) Informant: Tom Dowling
 (b) Address: 5047 Terry Ave.,
 17. (a) Burial (b) Date thereof: 6/12/40
 (c) Place: burial or cremation: Calvary Cemetery

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? _____
 (Specify type of place) (e) Means of injury: _____
 23. Signature: Peter A. Eck (M. D. or other)
 Address: 4701 St. Louis Date signed: 6/10/40

18. (a) Signature of funeral director: Sullivan Und. Co.
 (b) Address: 2849 N. Euclid Ave.,
 19. (a) JUN 11 1940 (b) _____
 (Date received by Registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten signature

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 *Robert Mayfield*

Licensed Embalmer No. *2077*

P. O. Address.....

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.