

13-40
17-39
X23199

7 AUG 25 1940 791
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME

George Dowdle 340

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased January 19, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 26
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name John Dowdle

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mullaney

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital, #1

17. (a) BURIAL (b) Date thereof 7-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullen & Kelly

(b) Address 1416 N. Taylor and

19. (a) JUL 27 1940 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5081 Raymond Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1940 hour 1:35 minute July A. M.

21. I hereby certify that I attended the deceased from July 23, 1940 to July 25, 1940
that I last saw him alive on July 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Antemortem Heart Disease
Duration

Due to Chronic myocarditis

Due to None

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(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 James T. Minkley (M. D. or other)
Address 235 Lafayette Date signed 7/25/40

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.....

Raymond E. Lehrke

Registered Apprentice No.....

working under my personal supervision.)

City license
281

Signed.....

Raymond E. Lehrke

Licensed Embalmer No.....

3985

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, fact should be so stated above.