

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9382  
Registrar's No. 2792

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mary L. Downes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Michael J. Downes

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 10th 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 18  
If less than one day hr. min.

9. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Mauriee Tobin

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Maloney

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Michael J. Downes

(b) Address High Ridge Mo.

17. (a) Burial (b) Date thereof 3-31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries  
(Specify type of place)

(b) Address 4228 So. Kingshighway Blvd.

19. (a) Date of registration MAR 29 1941 (b) J. H. Greder  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town High Ridge Mo. 111 50  
(If outside city or town limits, write "RURAL") 00 0

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th  
year 1941 hour 1:50 minute A.M. M.

21. I hereby certify that I attended the deceased from 3/17 1941 to 3/28 1941;  
that I last saw her alive on 3/27/41 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Encephalopathy 3 wks  
Coronary Sclerosis ?  
Due to Ch. Passive Congestion of lungs 3 wks.  
(Hypertensive Cardio-vascular) ?  
Due to disease  
caused by hypertensive  
cardio-vascular heart disease

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: No 9382 ✓  
Of operations \_\_\_\_\_

Of autopsy No 116  
J. H. Greder

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? \_\_\_\_\_

23. Signature A. J. Kotkeis M.D. (M. D. or other)  
Address 462 N. Taylor Date signed 3/28/41

Dr. JEFFREYS

HARRIS

462 St

Layden

1-330

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 *Edwin M. Gerstl*

Licensed Embalmer No. *3024*

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, fact should be so stated above.