

APR 17 1942  
Registration District No. 7941

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4960 Labadie Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community \_\_\_\_\_  
(years, months or days)

3. (a) PRINT FULL NAME THOMAS J. DOWLING

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Nellie Dowling 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 8-13-1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Thomas Dowling

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

14. Maiden name unknown

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

16. (a) Informant Thomas Dowling

(b) Address 4960 Labadie Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROTHERS

(b) Address 2849 No. Euclid Ave.

19. (a) APR 7 1942 (Date received local registrar) J. F. Jersedock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6. No.  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4960 Labadie Ave. (If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Ireland 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1942 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Apr 4 1942 to Apr 6 1942  
that I last saw her alive on Apr 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation  
9/2  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)

23. Signature W. H. Whelan (M. D. or other) MD  
Address 2803 N. Kingshighway Date signed 4-6-42

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

17  
9

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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 Albert Mayfield

Licensed Embalmer No. 3677

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.**