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V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19515

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5355

00 17 9

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4Mos. 7Days (Specify whether years, months or days)

In this community about 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 20 17 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2514 St. Louis Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas W. Downs

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 1, (Day) 1877 (Year)

8. AGE: Years 65 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Irvington (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation Hauling business

11. Industry or business

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant William G. Holley

(b) Address E. St. Louis Ill. Box 58-17

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-22-'42 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) JUN 22 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19, year 1942 hour 12:05 A. M.

21. I hereby certify that I attended the deceased from February 12, 1942 to June 19, 1942; that I last saw him alive on June 19, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with cardiac decompensation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John E. Mikscicek (M. D.)

Address 2515 Lafayette Avenue. Date signed 6/19/42

(Licensed Embalmer's Statement on Reverse Side)

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 Charles J. Goodhart

Licensed Embalmer No. 2777

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.