

U. S. No. 2
OM-542
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35323

FILED DEC 11 1942
Registration District No. 18418

Primary Registration District No. 1002 Registrar's No. 10071

1. PLACE OF DEATH: St. Louis, Mo.
(a) County
(b) City or town
(c) Name of hospital or institution: City Sanitarium
(d) Length of stay: In hospital or institution 1 yr. 1 mo. 15 days
In this community About 37 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1926 No. Taylor
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME OCTAVIA DOWD
(b) If veteran, name war
(c) Social Security No.

20. DATE OF DEATH: Month Nov. day 27
year 1942 hour 12:20 minute P. M.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, widow
(b) Name of husband or wife Unknown
7. Birth date of deceased Oct. 15, 1881

21. I hereby certify that I attended the deceased from 11-13-42 to 11-27-42
that I last saw her alive on 11-27-42
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 1 Days 12 If less than one day hr. min.

Immediate cause of death: Chronic Myocarditis with Hypertensive Heart Disease
Due to 7-13-42x

9. Birthplace Houston Texas

Due to
Other conditions
Major findings: Of operations

10. Usual occupation Domestic

Of autopsy None

11. Industry or business

12. Name Unknown
13. Birthplace Unknown Texas

14. Maiden name Unknown
15. Birthplace Unknown Texas

16. (a) Informant Loyola Weggandy

(b) Address City Sanitarium

17. (a) Burial (b) Date thereof Dec 4 1942
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) DEC 3 1942 (Date received local registrar) J. F. Bredack (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. F. Bredack (M. D. or other)
Address Date signed 11-27-42

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

MOTHER FATHER

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 Joel Russell
Licensed Embalmer No. 4112

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.