

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

43
39
38671

Registration District No. 8-1042

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:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution 26 days
(Specify whether _____)

In this community _____
years, months or days 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

(d) Street No. Ozanne Street
(If rural, give location) 3225 Montzmay

(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME JOHN THOMAS DOWLING

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 9, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Edward Dowling

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

14. Maiden name Lena (unk)

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

16. (a) Informant M. Parent de Paul

(b) Address St. Louis, Mo

17. (a) Burial, cremation, or removal Burial (b) Date thereof 6-30-44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 4386 Lindell Blvd

19. (a) JUN 26 1944 (Date received local registrar) (b) J. F. Brubaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1944 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 31st, 1944 to June 25th, 1944
that I last saw him alive on June 25th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalacia

Due to Old cerebral vascular accident, hypertensive cardiovascular disease & arteriosclerotic heart disease

Other conditions senile psychosis, arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 16

Of operations: _____

Of autopsy Encephalomalacia, passive abscess

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 Ellis Lipitz (M. D. or other) 6/26/44
Address 1515 Lafayette Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

James A. Lemmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.

Every item of information should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 318
Township Primary Registration District No. 1003
City (No., St. Ward)

File No.
Registered No. 5810

2. FULL NAME JOHN THOMAS DOWLING

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) (Specify time in years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8/8/44, 19

J. F. Bredek
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 19 44

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw on 19..... Death is said to have occurred on the date stated above, at

Principal cause of death and related causes of importance were as follows:

Cancer of Prostate

Other contributory causes of importance: 51

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed), M. D.

(Address)

RECEIVED

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