

FILED AUG 25 1944

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7193

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:  
3429a Olive St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Oliver Downey

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank Downey  
6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased July 8, 1858  
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 7 If less than one day \_\_\_\_\_ min.

9. Birthplace Calcutta India  
(City, town or county) (State or foreign country)

10. Usual occupation Costumer

11. Industry or business Costume

12. Name Unknown

18. Birthplace Unknown 9  
(City, town or county) (State or foreign country)

14. Maiden name Unknown 9  
16. Birthplace Unknown 9  
(City, town or county) (State or foreign country)

16. (a) Informant Elizabeth Kemper

(b) Address 3429a Olive St.

17. (a) burial (b) Date thereof 8-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla crematory

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Bl.

19. (a) AUG 17 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3429a Olive St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15  
year 1944 hour 7:05 minute 7 M.

21. I hereby certify that I attended the deceased from Jan 15 1944 to Aug 15 1944  
that I last saw him alive on Every 1-15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. F. Bredek (M. D. or other) \_\_\_\_\_

Address 4503 27th Street Date signed Aug 15 44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107  
116  
M-46

---

---

**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

*John Ketter*

Licensed Embalmer No. 3880

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, above space should be left blank.**