S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1945 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18662

Registrar's No. 5451

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 2141a Gever Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma S. Downey

3. (b) If veteran, name war Nil

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 Ira Ernest Downey

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

7. Birth date of deceased December (Month) 1 (Day) 1874 (Year)

8. AGE: Years 70 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Grimm
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Agnes Reed
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. Faye Carter
(b) Address 2141a Gever Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Berryville, Ark.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 22 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1945 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from Dec 27 1944, 19..., to June 21, 1945 that I last saw her alive on June 21, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage
Due to Diabetes Mellitus
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) Gangrene of left foot. Toxemia
Major findings:
Of operations
Of autopsy

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 Walter Baumgartner (M. D. or other)
Address 3720 Washington Ave. Date signed June 22 1945

(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.....

Licensed Embalmer No.....

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.