

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED NOV 23 1945
318

Registration District No. 1003

State File No. _____
Registrar's No. 9845

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:
ALEXAN BROS. HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5635 CABANNE AVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAURICE JEFFERSON DOWER

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, SINGLE)

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

7. Birth date of deceased OCT. 17 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 12
year 1945 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 27 45
_____ 19____ to Nov. 12 1945
that I last saw hER alive on NOV. 11 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81 0 25 hr. _____ min. _____

Immediate cause of death Bronchial Pneumonia (Hypostatic Basis)

Due to Arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace _____ (City, town, or county) MO. D (State or foreign country)

10. Usual occupation FIELDMAN

11. Industry or business UNITED FIRE WORKERS OF AMERICA

12. Name PATRICK DOWER

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

14. Maiden name ELLEN PHELAN

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

16. (a) Informant Theresa L Dower
(b) Address 5635 Cabanne

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 15 45
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director L. Mullen W.D.C.
(b) Address 5165 DELMAR BLVD.

19. (a) NOV 9 1945 (Date received local certificate) (b) J. F. Bredeck (Registrar's signature)

Major findings: 107

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature J. Hayden (M. D. or other) M.D.
Address 5899 Delmar Date signed 11-13-45

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

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

H. J. Farris

Licensed Embalmer No. *3384*

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.