

S. No. 2
M-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31690

State File No.

FILED OCT 14 1946
978

1003

Registrar's No. 8476

Registration District No. Primary Registration District No.

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County..... 999

(c) City or town Miami
(If outside city or town limits, write "RURAL") 8

(d) Street No. 695 N.E. 85th St.
(If rural, give location) N.R.O

(e) Citizen of foreign country?..... (Yes or No) 2
If yes, name country.....

3. (a) PRINT FULL NAME Edward Birnam Dow

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male race White

5. Color or race White

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 February 10 1946
(Month) (Day) (Year)

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

7 20 hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER { 12. Name Oswald B. Dow

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

14. Maiden name Arlsen Wiedman

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

16. (a) Informant Oswald B. Dow

(b) Address 695 N.E. 85th St Miami Florida

17. (a) Burial (b) Date thereof Oct 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenfuss B. Dow

(b) Address 6409 Gravois Ave

19. (a) OCT 2 1946 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day September year 1946 hour 9:54 minute 0 M.

21. I hereby certify that I attended the deceased from September 29 to Sept 30 1946 that I last saw him alive on Sept 30 and that death occurred on the date and hour stated above.

Immediate cause of death Meningo cocccemia

Due to Waterhouse Friderichsen

Due to Syndrome

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy meningo cocccemia
Waterhouse Friderichsen Syn

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?

23. Signature B. W. Klippel M.D. (M. D. Blod)

Address 2102 So Grand Date signed Oct 1 1946

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

Dr. W. W. Fritzy
2102 S. Grand
2 to 4

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 *Homer W. Fritzy*
Licensed Embalmer No. *3882*
P. O. Address *St. Louis Mo*

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.