S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31692

FILED SEP 24 1946

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7819

1. PLACE OF DEATH:

(a) County: ST. LOUIS Mo.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3825 a TEXAS 1
(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: 000

(c) City or town: ST. LOUIS 24 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 3825 a TEXAS 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) U

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM J. DOWLING

3. (b) If veteran, name war

3. (c) Social Security No. 493-05-0345

4. Sex: MALE

5. Color or race: white

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of ~~husband~~ or wife: ALMA

6. (c) Age of ~~husband~~ or wife if alive: 56 years

7. Birth date of deceased: July (Month) 8 (Day) 1885 (Year)

8. AGE: Years 61 | Months 2 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace: ST. LOUIS (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: ENGINEER

11. Industry or business: UNION ELECTRIC, Co.

MOTHER FATHER

12. Name: JOHN DOWLING

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

14. Maiden name: Z

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

16. (a) Informant: WM R. DOWLING

(b) Address: 5524 a TENNESSEE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: SEPT. 11, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY CEM.

18. (a) Signature of funeral director: Theodore A. Fox

(b) Address: 2906 GRAVOIS

19. (a) SEP 10 1946 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 9 year 1946 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from Aug 4, 1946 to Sept 9, 1946 that I last saw him alive on Sept 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Sarcoma of Oesophagus — Duration: 6 weeks

Due to: Unknown cause.

Due to:

Other conditions: None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

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: Julius Klay. 1 other (M. D. or other) M.D.

Address: 2603 Cherokee St. Date signed 9-9-46.

(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 Leo J. Budde

Licensed Embalmer No. 3989

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.