

FILED MAR 3 1947
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Registration District No. _____ Primary Registration District No. 107

Registrar's No. 1864

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 220
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 7059 Sutherland Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary C. Dowdall

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>23</u>	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd
 year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 1946 to Feb. 22 1947
 that I last saw her alive on Feb. 21st 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: para-vertebral fibrosarcoma 8mo
compression of spinal cord 3mo

Due to _____
 Due to _____

Other conditions: HO
(Include pregnancy within 3 months of death)

Major findings:
 Of operations: compression of spinal cord T8
 Of autopsy: none

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name L.K. Mills
 { 13. Birthplace Lebanon Kentucky
(City, town, or county) (State or foreign country)
 { 14. Maiden name Virginia C. Abell
 { 15. Birthplace Lebanon Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Mattingly
 (b) Address 7059 Sutherland Ave.

17. (a) Burial New SS. Peter & Paul Cem. (b) Date thereof Feb. 25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Edy Turner
 (b) Address 3029 Lafayette Ave.

19. (a) FEB 24 1947 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature D. J. Verda (M. D. or other) _____
 Address Lister Bldg Date signed 2-24-47

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 David Van Fosson

Licensed Embalmer No. 4242

P. O. Address. 3029 Lafayette

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.