S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24913

FILED AUG 13 1948

Registration District No. 3717

Primary Registration District No. 3069

Registrar's No. 1062

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Mary's Hospital (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4954 Lindell Blvd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ellen R. Dowling

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 Widow

6. (b) Name of husband or wife Paul M. Dowling

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

7. Birth date of deceased October (Month) 9 (Day) 1876 (Year)

8. AGE: Years 71 Months 10 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Redmond Cleary
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Julia Doyle
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Edward Dowling,
(b) Address 4954 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8- 5- 48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) 8-4-48 (Date received local registrar) (b) Cecilia J. Sharpe (Registrar's signature) MDC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1948 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from Feb 25, 1948, to Aug 2, 1948; that I last saw her alive on Aug 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to 45 d

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Bronchiole Cervical metastasis

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 W. E. Laughton (M. D. or other) M.D.

Address 3720 Washington Blvd Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1959

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 Fred Frick

Licensed Embalmer No. 3186

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.