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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 41411

Registrar's No. 10745

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution:
4466 Enright Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DEACESED:**

(a) State Missouri (b) County

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

(d) Street No. 3142 Marnice Place
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DOWD, BETHEL

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased November 9th 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation Bookeeper

11. Industry or business Gates Funeral Home

FATHER
12. Name William H. Davis
13. Birthplace (City, town, or county) Missouri (State or foreign country)

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

16. (a) Informant Marion Dowd
(b) Address 3142 Marnice Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) DEC 13 1948 (Date received local registrar) J B Sassen (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 9, year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 7, 1948, to Dec. 9, 1948, that I last saw he alive on Dec. 8, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Thrombosis | 12 hours |
| Due to Hypertension | unk |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature R. Wood (M. D. or other) M.D.
Address 4448a Eastern Date signed 12/9/48

(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

John K. Cunningham, Registered Apprentice No.,

working under my personal supervision.

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

**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.**