No. 300
10-48

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20965

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5051

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8114 Pennsylvania

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 2nd
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 7012 Minnesota

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): R.
c. (Last): Downey

4. DATE OF DEATH (Month) (Day) (Year): 6-8-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-28-~~1877~~ 1875
9. AGE (In years last birthday): ~~71~~ 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: William Wallace
13b. MOTHER'S MAIDEN NAME: Harriet Wishnot
14. NAME OF HUSBAND OR WIFE: James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Garnett Hoffman 8114 Pennsylvania

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4500

22. *I hereby certify that I attended the deceased from* May 14, 1949, *to* June 8, 1949, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Matilda L. Tike M.D.
23b. ADDRESS: 7110 Michigan E.
23c. DATE SIGNED: June 9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6- 11-1949
24c. NAME OF CEMETERY OR CREMATORY: Park Lawn
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: JUN 10 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos. P. Fendler Jr. 7128 Michigan

(Licensed Embalmer's Statement on Reverse Side)

Mil

Pl. 0591

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Clarence Lochow

Signed ..... Student Embalmer

Licensed Embalmer No. 3093

P. O. Address 7128 Michig

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.

State of Mo
City of St Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 20965-49
Local Registrar's No. 2051

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1 day of July, 1949, before me appears Garnette Huffman, who, upon her oath, states that the original record of ~~birth~~ death for Carrie R Downey, died ~~born~~ June 8, 1949, in the State of Missouri, and which was filed at St Louis on June 10, 1949, should be corrected as follows:

Item No. 8 should read Nov. 28 1875
Instead of Nov. 28 1877
Item No. should read age 73
Instead of 71
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Garnett Huffman Daughter
Relationship.

8114 Pennsylvania ave
Present Address.

Subscribed and sworn to before me this 1st day of July, 1949.

My Commission expires Aug 2 1950 Clarence Kochow Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
I X37817