

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6149

State File No.

1966

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u> <u>3400 S. Grand Blvd.</u>		d. STREET ADDRESS (If rural, give location) <u>3400 S. Grand Blvd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<u>William</u>	<u>Bernard</u>	<u>Downey</u>	<u>February 26, 1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 3, 1874</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 4 HRS.
				<u>76</u> <u>75</u>	<u>1</u> <u>23</u>	<u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>MO.</u>
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13a. FATHER'S NAME <u>John Downey, Bernard</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Cronin-Rose Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Magaret Downey</u>
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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 <u>Sister Henry</u>	ADDRESS <u>3400 S. Grand Blvd.</u>
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18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) This does not mean most of living, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis general</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11.5 X 4201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) - (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 10, 1899, to Feb 26, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 11 5 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. P. Beatty, M.D.</u>	23b. ADDRESS <u>6016 Grand</u>	23c. DATE SIGNED <u>2/25/50</u>
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/1/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>28 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons</u>	ADDRESS <u>2630 Gravois Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5

nil

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.

Student
Student Embalmer

Signed *Robert F. Gibken*

Licensed Embalmer No. 4144

P. O. Address. 2630 Gravois Ave.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6189-50

State of }
County of } ss:

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1966

On this..... day of....., 194....., before me appears....., who, upon..... oath, states that the original record of ^{birth} death for Bernard Jmaes Downey died 2-26-1950, 19....., in the State of Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 3 should read Bernard Jmaes Downey

Instead of..... William Downey

Item No. 8 should read October 3- 1874

Instead of..... January 3 1874

Item No. 9 should read Age ~~76-1-23~~ 75-4-23.

Instead of.....

Item No. 13a should read Bernard Downey

Instead of..... John Downey

Item No. 13b should read Rose Cook

Instead of..... Julia Cronin

Item No. 14 should read Mary Ann Downey

Instead of.....

Item No. 17 should read John J. Downey Rt. #2 St. James, MO.

Instead of..... Sister Mary

Item No. should read.....

Instead of.....

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

(SEAL)

Affiant Robert F. Gibben Fun. Dir.
Relationship.

2630 Cravois
Present Address.

Subscribed and sworn to before me this 6 day of April 1950

My Commission expires 3-4-53 Eric Jablock Notary Public.

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