

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1952

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State File No. 32892
Registrar's No. 8909

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Sb. Louis		c. LENGTH OF STAY (In this place) 2 mos. 14 days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION. City Infirmary Hospital				d. STREET ADDRESS (If rural, give location) 23 2435 McNair			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle)		c. (Last) DOWNS		4. DATE OF DEATH (Month) (Day) (Year) 9 17 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12/13/1872		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Berger		13b. MOTHER'S MAIDEN NAME Anna ?		14. NAME OF HUSBAND OR WIFE Widow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary 5800 Arsenal St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Malnutrition & senility</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> <i>15 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4200</i>			
22. I hereby certify that I attended the deceased from <i>7/31</i> , 1952, to <i>9/17</i> , 1952, that I last saw the deceased alive on <i>9/17</i> , 1952, and that death occurred at <i>3:50 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>M. L. Behausen M.D.</i>				23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 9/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 25-52		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REG. SEP 24 1952		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter Kelly 4386 Lindell</i>			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Howard F Rowland

Licensed Embalmer, No. 3114

P. O. Address Atkins, 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.