

STANDARD CERTIFICATE OF DEATH

State File No. **1928**
 Registrar's No. **1928**

BIRTH NO. **11111** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

FILLED MAR 12 1954

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5066a Ruskin Ave		e. STREET ADDRESS (If rural, give location) 5066a Ruskin Ave. 2079	

3. NAME OF DECEASED (Type or Print) a. (First) Wilbur b. (Middle)		c. (Last) Downey	4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 20 1917	9. AGE (In years last birthday) 36 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) Welder		10b. KIND OF BUSINESS OR INDUSTRY Malo ney Elec.	11. BIRTHPLACE (City and State or Foreign Country) Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Howard Downey	13b. MOTHER'S MAIDEN NAME Stella Everett	14. NAME OF HUSBAND OR WIFE Alice Downey
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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) yes WW 2	16. SOCIAL SECURITY NO. 489 10 3460	17. INFORMANT'S SIGNATURE OR NAME Alice Downey	ADDRESS 5066a Ruskin Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza Pneumonia		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS * Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 480x
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:20 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE Patrick L. Taylor	(Doctor or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3.1.54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/3/54	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. MAR 2 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary	ADDRESS 5967 W. Florissant
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1954

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.....
Signature of Student Embalmer

Signed *Walter B. Buehler*.....
Licensed Embalmer No. *42*

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.