No. 300
10.48

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

FILED FEB 27 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7577

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 407

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (In this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2609-W-Milton Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Overland 423X 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2609-W-Milton Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle): Andrews
c. (Last): Dows

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 11, 1956

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Feb. 25, 1865
**9. AGE** (In years last birthday): 90 — 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): Contractor
**10b. KIND OF BUSINESS OR INDUSTRY**: Heating
**11. BIRTHPLACE** (City and State or Foreign Country): England
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William Dows
**13b. MOTHER'S MAIDEN NAME**: Eleanor Bettison
**14. NAME OF HUSBAND OR WIFE**: Minnie F. Dod.
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Edith E. Albrittin 2609-W-Milton Ave.

**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) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: 9 YRS.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 6 YRS.
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS — 12 YRS

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**: 4200
**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?**

22. *I hereby certify that I attended the deceased from* APR 13, 1952, *to* FEB 11, 1956, *that I last saw the deceased alive on* FEB 10, 1956, *and that death occurred at* 5:00 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. G. Barnick D.O.
**23b. ADDRESS**: 6651 ENRIGHT AVE
**23c. DATE SIGNED**: 2-13-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: 2-14-1956
**24c. NAME OF CEMETERY OR CREMATORY**: Valhalla Crematory
**24d. LOCATION** (City, town, or county) (State): Pagedale, Mo.

DATE REC'D BY LOCAL REG.: 2-13-56
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
(Licensed Embalmer's Statement on Reverse Side)
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Bellmann Bros. Inc. 2504-Woodson Road Overland-14-Mo.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed David C. Gibso

Licensed Embalmer No. 3 4 5

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.