

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35443

State File No. 9314

FILED NOV 16 1956

BIRTH NO. 80234-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis c. CITY OR TOWN East St. Louis d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair c. CITY OR TOWN East St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) 1632 Rear McCasland	
3. NAME OF DECEASED (Type or Print) Arthur Dowls Jr a. (First) Arthur b. (Middle) Dowls Jr (Last)		4. DATE OF DEATH (Month) (Day) (Year) October 10, 1956	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 8, 1956
9. AGE (In years last birthday) 2 IF UNDER 1 YEAR: Months 2 Days 2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Arthur Dowls	
13b. MOTHER'S MAIDEN NAME Fannie Mae Camps		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Arthur Dowls		ADDRESS 1632 Rear McCasland St. Louis, Ill.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Inherited Anomali ANTECEDENT CAUSES (b) Birth Anomaly 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 756.2	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/8, 1956, to 10/10, 1956; that I last saw the deceased alive on 10/10, 1956, and that death occurred at 10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Edgar F. Woodson (Degree or title) M.D.		23b. ADDRESS 930 N. 1st	
23c. DATE SIGNED 10/12/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/12/56	24c. NAME OF CEMETERY OR CREMATORY Douglas Cemetery	24d. LOCATION (City, town, or county) (State) Washington Park, Ill.
DATE REC'D BY LOCAL REG. OCT 13 1956		25. FUNERAL DIRECTOR'S SIGNATURE Marion's Office	
REGISTRAR'S SIGNATURE Earl Smith		ADDRESS 214 Mo. Ave. St. Louis, Ill.	

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 *Ben H. Baldwin*.....

Licensed Embalmer No. *2420*

P. O. Address *721 N. 26th St.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.