

FILED JAN 12 1959

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SL 11475

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045589

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12607

300
1-57

| | | | | | |
|---|---------------------------|---|----------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN ST LOUIS | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETS ADMIN HOSPITAL | | Length of stay in 1b 10 DAYS | | d. STREET ADDRESS 3715 MAFFITT (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First ROY Middle E. Last DOWNS | | 4. DATE OF DEATH Month DEC Day 26 Year 1958 | | | |
| 5. SEX MALE <input checked="" type="checkbox"/> | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8/4/02 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done last of working life, even if retired) OWNER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) FREDERICKTOWN, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME ANDREW J. DOWNS | | 13b. MOTHER'S MAIDEN NAME NANCY HURST | | 14. NAME OF HUSBAND OR WIFE MYRTLE DOWNS | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) YES WW II | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS DUE TO (b) STATUS POST OPERATIVE ABDOMINAL PERINEAL RESECTION FOR CARCINOMA. DUE TO (c) 199.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BILATERAL PLEURAL EFFUSIONS, BILATERAL BRONCHO PNEUMONIA. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 YEARS | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 12/16/58 to 12/26/58 and last saw him alive on 12/26/58 Death occurred at 6:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE ARTHUR I AUER | | 22b. ADDRESS VAH, ST LOUIS, MISSOURI | | 22c. DATE SIGNED 12/26/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 12/30/58 | | 23c. NAME OF CEMETERY OR CREMATORY National Cem. | |
| 23d. LOCATION (City, town, or county) Jefferson Bks. Mo | | 23e. DATE RECD. BY LOCAL REG. DEC 29 58 | | 26. REGISTRAR'S SIGNATURE [Signature] | |
| 24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd. | | 25. DATE RECD. BY LOCAL REG. DEC 29 58 | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harley F. Jaeger, Jr.*

Licensed Embalmer No. *4950*

P. O. Address *St. Louis*

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.