

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014911

STATE FILE NUMBER

FILED MAY 14 1959

Registration District No.

Primary Registration District No.

Registration No. 4250

300
1-57
6
73
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #1.</i>		Length of stay in lb <i>#1.</i>	d. STREET ADDRESS (If outside, give location) <i>3038 Gads</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Infant</i> Middle Last <i>DOWNEY</i>			4. DATE OF DEATH Month <i>APRIL</i> Day <i>29</i> , Year <i>1959</i>	
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 28 1959</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mr</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>nil</i>	11. BIRTHPLACE (City and state or country) <i>St Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Eugene Downey</i>	13b. MOTHER'S MAIDEN NAME <i>Kathy Jackson</i>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Eugene Downey</i>	Address <i>3038 Gads Ave</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>atelectasis</i> <i>Prematurity</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>762.5</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>4/28/59</i>	COUNTY <i>4/29/59</i>	STATE
21. I attended the deceased from <i>4/28/59</i> to <i>4/29/59</i> and last saw her alive on <i>4/29/59</i> Death occurred at <i>2:55 A.M</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Thomas R. Rogers M.D.</i>	(Doctor or title)	22b. ADDRESS <i>1515 LAFAYETTE AVE</i>	22c. DATE SIGNED <i>4/29/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Apr 30 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Park Lawn</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis Co. Mo</i>
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24. FUNERAL DIRECTOR <i>Gas R. Fendley Jr. 7126 Michigan</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>APR 30 '59</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Patricia Paschon

Licensed Embalmer No.
P. O. Address 7178 Michigan

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.