

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2672-63-009035  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

FILED MAR 14 1963

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 27 yrs  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4669 Elmbank Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY c. CITY OR TOWN St. Louis Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 4669 Elmbank Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ELDER McDOWELL 4. DATE OF DEATH Month Day Year March 3, 1963

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH unk. 1899 9. AGE (last birthday) Abt. 63 10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Mechanic Helper 11. BIRTHPLACE (City and state or country) Starksville, Miss. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Anderson McDowell 13b. MOTHER'S MAIDEN NAME Della Plair 14. NAME OF HUSBAND OR WIFE Aretha McDowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I 17. INFORMANT Address Aretha McDowell, 4669 Elmbank

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Pulmonary infarct  
DUE TO (b) Arteriosclerotic heart disease  
DUE TO (c) 420'0  
INTERVAL BETWEEN ONSET AND DEATH 3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 Jan 11 30 AM 1960 to 3/3/63 and last saw her/him alive on 3/7/63  
Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 4703 Thimble Ave 22c. DATE SIGNED 3/6/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/8/63 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS Charles J. Gates, Jr., 4107 Finney 25. DATE RECD. BY LOCAL REG. MAR 7 1963 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

VS 300 Rev. 4/59  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

90

**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 Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Gayton Swann

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.