

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3515 Haliday Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3515 Haliday
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from July 20th 1947
to May 3rd 1948
that I last saw him alive on May 3rd 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chronic myocarditis - period yr.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline
the cause to
which death
should be
charged statistically.

3. (a) PRINT FULL NAME George Washington Mc Dowell
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie McDowell 6. (c) Age of husband or wife if alive 57
7. Birth date of deceased September 16 1890
(Month) (Day) (Year)

8. AGE: Years 78 Months 57 Days 7 If less than one day 19 hr. min.

9. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Kames McDowell

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cook

Birthplace Ireland
(City, town, or county) (State or foreign country)

Informant Mrs. Bessie McDowell

(a) Address 3515 Haliday

(b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Mt. Olive, Ill.

Signature of funeral director Albert H. Hoppe

Address 0 Washington Blvd.
MAY 5 1948
(Date received local registrar) (b) J. F. Braddock
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (Specify type of place)
(While at work) (While at work) (c) Means of injury.....

23. Signature Carol V. Baker
Address 3353 Jubaka Pl. D. Minn. Date signed 5-6-48

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

MOTHER FATHER
can be of
over 60 yrs

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Rex P Campbell*

Licensed Embalmer No. *3881*

P. O. Address *W Harris Mo*

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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

14397-48

State of }
County of } ss.

State File No.
Local Registrar's No. 4247

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

for George W. Mc Dowell, who, upon oath, states that the original record of birth
died 5-5 1948 in the State of
born Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 7 should read 9-16-1869

Instead of 1890

Item No. 8 should read age 78

Instead of 57

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)
Affiant Charles N. Happe, Jr., D. Relationship.

4700 Washington Blvd.
Present Address.

Subscribed and sworn to before me this 6 day of Jan, 1949.

My Commission expires 3-4-49. Charles Paulsen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.
12-7-37
J. Sr. Lms

