MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35138

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10120

City St. Louis, Mo. (No. 3640 Marino Ave. St. ..... St. ..... Ward)

2. FULL NAME James Fowler.

(a) Residence. No. 3640 Marine Ave. St., 24 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. / How long in U.S., if of foreign birth? Native yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored.	Singo.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 11 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63		5	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Deckhand.

(b) General nature of industry, business, or establishment in which employed (or employer) Steamboating.

(c) Name of employer John Streckfuss.

9. BIRTHPLACE (CITY OR TOWN) Kentucky.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Fowler.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Fowler.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT Walter Schuhner
(Address) 3640 Marine Ave. St, Louis, Mo

15. FILED ..... 19.. May C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13, 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to October 12, 1928, that I last saw him alive on October 12, 1928 and that death occurred, on the date stated above, at 5:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chronic
34
38 98
(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Syphilis tertiary unknown
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Aboard vessel.

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) K. Wilson, M.D

10-13, 1928 (Address) 3640 Marine Ave. St, Louis, M

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Farther Dickesson Cem.	10/15/ 1928

20. UNDERTAKER	ADDRESS
Wm Nunley 4125	Finney ave

WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.