

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

Do not use this space.

38261

1. PLACE OF DEATH

County St. Louis
Township Webster
City Webster Groves (No. Orphan's Home North Gore)

Registration District No. 788
Primary Registration District No. 4471

File No. _____
Registered No. 125
St. _____ Ward _____

2. FULL NAME

Mary S. Fowler
(a) Residence. No. North Gore St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 - 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	60	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House mother
(b) General nature of industry, business, or establishment in which employed (or employer) Orphan's Home
(c) Name of employer St. Louis Prob. Home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, New York

10. NAME OF FATHER George Wagner

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

12. MAIDEN NAME OF MOTHER Mary Hauser

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

14. INFORMANT (Address) Coastal St. 5455 Delmar Blvd

15. FILED 11-17-29 Registrar Arthur J. Williams per Elsie Benson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1929, to Nov 14, 1929, that I last saw her alive on Nov 13, 1929, and that death occurred, on the date stated above, at 4:01 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch. Pneumonia
10 7/8 (duration) yrs. mos. 7 ds.
10 1/2 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Chronic Bronchitis Nephritis
Tachycardia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Undetermined

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis - dist. of amiazotini
(Signed) Dr. M. Blanchard, M. D.
, 1929 (Address) 213 E. Oakwood ex Webster Groves

*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 Walton Cemetery DATE OF BURIAL Nov 18 19 29

20. UNDERTAKER Parker and Co ADDRESS Webster Groves

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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