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.

NOV 10 1933

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

Do not use this space.

34474

1. PLACE OF DEATH

County ..... Registration District No. 791 1903 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8615

City St Louis Mo (No. St Louis Childrens Hospital 500 So. Kingshighway Blvd Ward)

2. FULL NAME Baby Boy Fowler

(a) Residence, No. 4605 Page St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8. 1933

7. AGE YEARS MONTHS DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Willis Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Sylvia Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) T. S. Westhoff 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATHEWS. DATE 10/3- 1933

19. UNDERTAKER (ADDRESS) CULLEN-KELLY 1416 N TAYLOR AVE

20. FILED Oct 3 1933 SEP J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Oct. 2, 1933

I last saw him alive on October 2, 1933 Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina bifida	9/8/33
1578	

Other contributory causes of importance: 1578

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James D. McKinney, M. D.

(Address) 500 S. Kingshighway