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.

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

Do not use this space.

31390

File No.

Registered No. 8705

1. PLACE OF DEATH SEP 13 1934

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, (No. 2 Mont to Hay St. Ward)

2. FULL NAME Mahala Fowler

(a) Residence, No. 2839 Walnut St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ---- hrs. or ---- min.
	53	5	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Aug. 24, 1934

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vicksburg Miss.

FATHER

13. NAME Sanders Costing

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Linda Pratt 2839 Walnut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dyon DATE Aug. 30 1934

19. UNDERTAKER (ADDRESS) C. T. Nash 1111 N. 13 St. St. Louis Mo.

20. FILED AUG 29 1934 J. Poredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 a. m.

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

	Date of onset
Rupture (non traumatic - but diseased) of right auricle of heart, Hemorrhage into pericardial sac.	
Chr. Myocarditis	

Other contributory causes of importance:

Chr. Interstitial Nephritis	
Fall on steps of residence no injuries.	

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 8/24/19 34

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) Harold D. Schulz, M.D.

(Address) Defiance

9/27/34