

APR 9 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City, St. Louis (No. 4398 Olive St.) ..... St. .... Ward)

File No. ....  
Registered No. **2711**  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 4398 Olive St. St., 19 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1883

7. AGE YEARS 51 MONTHS 4 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

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

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

10. Date deceased last worked at this occupation (month and year) 1st of June 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Ala13. NAME Went Fowler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs Emma Fowler (ADDRESS) 1289 Hamilton Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. March 25, 193519. UNDERTAKER Albert H. Noppke Inc (ADDRESS) 429 N. Audubon20. FILED MAR 23 1935 J. Brebeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-20, 1935

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 4:15 P. m.

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

Polarium Cyanide Poison self administered at residence.

Other contributory causes of importance: 163

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

What test confirmed diagnosis? ..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide ..... Date of injury 3/21/35Where did injury occur? Paris med. Co (Specify city or town, county, and State)

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

Manner of injury poison

Nature of injury

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

If so, specify

(Signed) Herold P. King M.D.(Address) St. Louis

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.

