

39310

S. No. 2
OM-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11488

FILED JAN 3 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

11488

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
Lutheran Hospital
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 6210 Marmaduke Ave.
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Minnie P. Fowler

3. (b) If veteran, name war..... None
3. (c) Social Security No..... None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... William J. Fowler
6. (c) Age of husband or wife if alive..... 49 years

7. Birth date of deceased..... Oct. 2nd 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 18 hr. min.

9. Birthplace..... Stanton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Fred Hockmyth

13. Birthplace..... Germany
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant..... William J. Fowler

(b) Address..... 6210 Marmaduke Ave.

17. (a) Burial (b) Date thereof..... 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park

18. (a) Signature of funeral director..... Kriegshauser Mortuary

(b) Address..... 4228 So. Kingshighway Blvd.

19. (a) DEC 21 1943 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1943 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 10
to Dec. 20
that I last saw her alive on Dec. 20
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Peritonitis & Bowel Obstruction
following resection of
Sigmoid

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Diverterculitis of Sigmoid
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature..... R. Berg (M. D. or other).....
Address..... 2253 Webster Date signed 12/21/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Ralph Berg
2253 Sebaste Ave
Kailua HI 9288 11-2-68

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin A. McHerratt*
Licensed Embalmer No. *3024*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.