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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8247

Registration District No. 3117 Primary Registration District No. 6076 Registrar's No. 447

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town SO. KINLOCH (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 36 Evergreen / Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS 96

(c) City or town SO. KINLOCH (If outside city or town limits, write "RURAL") 0

(d) Street No. 36 EVERGREEN AVE. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME RECE FOWLER

3. (b) If veteran, name war

3. (c) Social Security No. 499-01-3651

4. Sex MALE

5. Color or race COL.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPHINE FOWLER

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 6 (Month) 12 (Day) 1902 (Year)

8. AGE: Years 41 Months 8 Days 7 If less than one day hr. min.

9. Birthplace CRENSHAW (City, town, or county) MISS. / (State or foreign country)

10. Usual occupation LABOR

11. Industry or business NONE

FATHER
12. Name WEST FOWLER
13. Birthplace HOLLYSPRING (City, town, or county) MISS. / (State or foreign country)

MOTHER
14. Maiden name LIZZIE PHILLIPS
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant JOSEPHINE FOWLER

(b) Address 36 EVERGREEN AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-23-1944 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PK. CEM.

18. (a) Signature of funeral director BOYD BROS. FUNERAL HOME

(b) Address LIX ESTANZA SO. KINLOCH

19. (a) FEB 22 1944 (Date received local registrar) (b) E. G. McGeason, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1944 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Died suddenly without medical attendance, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No.

Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other) MD

Address St. Louis County Health Dept. Date signed 2-4-44

707 (Licensed Embalmer's Statement on Reverse Side)

FEB 2 1944

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.