No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29317

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7876

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3316 Delmar (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry Fowler

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race C
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Sophie Fowler
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 9 (Month) 15 (Day) 1882 (Year)

8. AGE: Years 61 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Paducah Ky (City, town, or county) (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
FATHER 12. Name Clem Fowler
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Sophie Fowler
(b) Address 3316½ Delmar av
17. (a) (Burial, cremation, or removal) (b) Date thereof 9 (Month) 11 (Day) 44 (Year)
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Standard st
19. (a) SEP 13 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7, year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from September 2, 1944 to September 7, 1944; that I last saw him alive on September 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~[illegible]~~. Carcinoma of Esophagus	Indef.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 H. P. Venable (M. D. ~~[illegible]~~)
Address 2601 Whittier Date signed 9/7/44

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(Licensed Embalmer's Statement on Reverse Side)

7876

7876

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~~ Chester A. Marshall, Registered Apprentice No. ....., working under my personal supervision.

Signed Chester A. Marshall

Licensed Embalmer No. 4381

P. O. Address St Louis, Mo. 420

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.