

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39333
Registrar's No. 11053

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Firmen Desloge Hosp.
(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) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7305 1/2 Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Fowler
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 23
year 1944 hour 6:10 p.m. minute _____ M.
21. I hereby certify that I attended the deceased from 12-22-44, 19____, to 12-23-44, 19____;
that I last saw h. or alive on 12-23-44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Henry C. Fowler
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Dec 30 1872
(Month) (Day) (Year)

Immediate cause of death _____ Duration Uncertain
Coronary insufficiency & Rt
& left heart failure
Due to Arteriosclerotic Heart Disease Uncertain
Due to _____
Other conditions Generalized Arteriosclerosis Uncertain
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace La Grange Mo. ()
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant Clarence Fowler

(b) Address 2611 1/2 N. 22nd St.

17. (a) Final (b) Date thereof Dec. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delton Cem. in Duke Mo.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Bl.

19. (a) DEC 26 1944 (b) J. J. B. [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy not done

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. J. B. [Signature] (M. D. or other) _____
Address 1326 South Grand Date signed 12-23-44

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

MOTHER FATHER

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

John Ketter

Licensed Embalmer No. *7880*

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.