

S. No. 2  
M-5-43  
5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 23 1945 318

Primary Registration District No. 1003

Registrar's No. 2331

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days)

In this community \_\_\_\_\_ (Specify whether  
years, months or days)

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. 2427 S. Broadway  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Connie V. Fowler

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1945 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased February 27 1901  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Laceration of Skull and Brain; caused by penetration of a blade of a small automobile heater fan; when he was testing same in a second hand furniture store, 2427 S. Broadway, -around 6:00 P.M. March 7, -1945.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

44 0 10 hr. \_\_\_\_\_ min.

9. Birthplace McCrory Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Levi Fowler

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

14. Maiden name Leona Smith

15. Birthplace Lone Oak Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Campbell

(b) Address Memphis, Tenn.

17. (a) Removal (b) Date thereof 3-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCrory, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 12 1945 (b) J. F. Budick  
(Date received local registrar's certificate) (Registrar's signature)

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) Accident

(b) Date of occurrence March 7, 1945

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place

While at work \_\_\_\_\_ (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

Date signed 3/10/45

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

2331

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *Albert G. Kopp*

Licensed Embalmer No. *2971*

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.**