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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11132
2739

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer Phillips 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 605 Epperschied 19
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eddie Lee FOWLKS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race Negro

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

6. (b) Name of husband or wife RUTH FOWLKS

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased SEPT (Month) 3 (Day) 1915 (Year)

8. AGE: Years 30 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Oldsola Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Frank Fowlks

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

MOTHER 14. Maiden name Lizzy Brown

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

16. (a) Informant Frank Fowlks

(b) Address Hayti, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Missouri

18. (a) Signature of funeral director Lloyd English

(b) Address 2431 Lyons Funeral Home

19. (a) MAR 23 1946 (Date received by registrar) (b) J. F. Bressek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1946 hour 4:35 minute A 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.

Immediate cause of death 2nd & 3rd degree burns of about 80% of body, when he poured kerosene in coal stove while attempting to start the fire in his home on March 20, 1946, about 9:34PM causing same to explode. ACCIDENT. Estimated damage to property $500.00 and to contents of building approximately $200.00.

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) Accident

(b) Date of occurrence 3/20/1946

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State) 000

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

While at work? no (e) Means of injury explosion

23. Signature (M. D. or other)

Address Date signed 3/22/46

10044

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

(Licensed Embalmer's Statement on Reverse Side)

Emb separate out to be filed

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.....

Licensed Embalmer No.....

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.