

No. 2
2-45
17-39
X47070

FILED DEC 6 1947 **318**
Registration District No.

Primary Registration District No.

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

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: 2346 Menard Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

In this community 33 years

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. 2346 Menard Street
23 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FOWLER

3. (b) If veteran, name war N11 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 3, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>4</u>	<u>21</u>	hr. min.

9. Birthplace: Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Molder
Retired

11. Industry or business Sylvester Fowler

12. Name Sylvester Fowler

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

14. Maiden name Martha Armstead

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

16. (a) Informant Katherine Fowler

(b) Address 2346 Menard Street

17. (a) burial (b) Date thereof 11-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
2301 Lafayette Avenue

19. (a) NOV 24 1947 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th
year 1947 hour 8:30 minute am M.

21. I hereby certify that I attended the deceased from May 1947
1947 to 11-24-47, 1947

that I last saw him alive on 11-23-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death enlarged heart with myocarditis Duration 6 mos

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 L. F. Murray (M. D. or other) _____
Address 900-Russell Blvd Date signed 11-24-47

Dr. L.F. Murray
900 Russell Bl.

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 *C W Cooper*

Licensed Embalmer No. *3839*

P. O. Address *201 Lafayette*

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.