

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1003  
2157

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		17 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1713 PAPIN ST.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Haywood</u> b. (Middle) _____ c. (Last) <u>Fowler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 -- 29- 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Seperated</u>		8. DATE OF BIRTH <u>4-18-1920</u>		
9. AGE (In years last birthday) <u>29</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gas Station Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Station</u>		11. BIRTHPLACE (State or foreign country) <u>Belen Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jim Fowler</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Lou Fowler</u>			14. NAME OF HUSBAND OR WIFE <u>Lucy Mae Fowler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W-War 2</u>			16. SOCIAL SECURITY NO. <u>489-14-9299</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jim Fowler</u> ADDRESS <u>506 E. 12th St. ville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of skull and brain suffered when shot with gld in the hands of one May Abernathy (col) in home at 1713 Papin Street about 1051 am Mar 29 1949</u>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>None</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 29 49 1051 A M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1051 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wood Perry Deputy Coroner</u> (Degree or title)				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4/1/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West, Cem, Jeff, Barrks Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co, Mo</u>		
DATE REC'D. BY LOCAL REG. <u>APR 1 1949</u>		REGISTRAR'S SIGNATURE <u>J B Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Fun, Home</u> ADDRESS <u>2820 Stoddard St</u>				



**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 Mo

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.