

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28241**
7718
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township): St. Louis.		c. LENGTH OF STAY (In this place) 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION Reese Nursing Home		e. STREET ADDRESS (If rural, give location) 6833 Arthur	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) A c. (Last) Fowler			4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/9/75	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Phillip Otto	13b. MOTHER'S MAIDEN NAME Sophia Klein	14. NAME OF HUSBAND OR WIFE John (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *****	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Haupt	ADDRESS 6833 Arthur
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 334XH		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of Colon			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---
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22. I hereby certify that I attended the deceased from **Aug. 18, 1951**, to **Aug. 27, 1951**, that I last saw the deceased alive on **Aug. 27, 1951**, and that death occurred at **4 P. m.**, from the cause and on the date stated above.

23a. SIGNATURE D. J. White	(Degree or title)	23b. ADDRESS 508 N Grand	23c. DATE SIGNED 8-30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/1/51	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. AUG 31 1951	REGISTRAR'S SIGNATURE J. Earl Smith M 19	25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Und. Co.	ADDRESS 3013 Meramec
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jack Haupt
Licensed Embalmer No. 4746

P. O. Address St Louis

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.