

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11552
State File No. 2655
Registrar's No.

FILED MAR 31 1953

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collinsville</u> <u>81-20</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>325 Sumner Blvd.</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Percy</u>	b. (Middle) <u>John James</u>	c. (Last) <u>Fowler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>10</u> <u>53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-10-97</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchmaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Jewelry</u>	11. BIRTHPLACE (State or foreign country) <u>Collinsville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wesley Fowler</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Wendler</u>	14. NAME OF HUSBAND OR WIFE <u>Delia Vigna Fowler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>343-05-8428</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Delia Vigna Fowler</u> ADDRESS <u>Collinsville, Ill.</u>
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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 <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic coronary disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>alcoholism, B.P. 160/100 & 170/100</u>		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>
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22. I hereby certify that I attended the deceased from 3-3-1953 to 3-10-1953, that I last saw the deceased alive on 3-9-1953, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur H. Bishop M.D.</u>	23b. ADDRESS <u>18 S. Kingshighway</u>	23c. DATE SIGNED <u>3-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-1-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	24d. LOCATION (City, town, or county) (State) <u>Collinsville, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>MAR 10 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Collinsville, Ill.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Herbert A. Kasstky

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 _____

Herbert A. Kasstky
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Herbert A. Kasstky*

Licensed Embalmer No. *2380*

P. O. Address *Collinsville, Ill.*

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.

Herbert A. Kasstky