

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3328**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **590** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley		c. CITY OR TOWN Pagedale	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 mo.		e. STREET ADDRESS (If rural, give location) 1561a Salerno Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Elizabeth	b. (Middle) V.	c. (Last) Fowler	4. DATE OF DEATH (Month) (Day) (Year) 1 - 5 - 1956
-------------------------------------	-----------------------------	-----------------------	-------------------------	---

5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3 - 25 - 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
-------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME John Mc Gill	13b. MOTHER'S MAIDEN NAME unknown Houck	14. NAME OF HUSBAND OR WIFE Benjamin S. Fowler
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. W. R. Fowler	ADDRESS 1561a Salerno Dr.
---	-------------------------------------	---	----------------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) Cerebral hemorrhage with right hemiplegia		unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Dec 3**, 19**55**, to **Jan 5**, 19**56**, that I last saw the deceased alive on **Jan 4**, 19**56** and that death occurred at **2A** m., from the causes and on the date stated above.

23a. SIGNATURE Lewis Littman MD	(Degree or title) MD	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 1/5/56
--	-----------------------------	--	--------------------------------

24a. BURIAL, CREMATION, etc. buried	24b. DATE 1/5/56	24c. NAME OF CEMETERY OR CREMATORY Stoutsville, Mo.	24d. LOCATION (City, town, or county) (State) Stoutsville, Missouri
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. 1-5-56	REGISTRAR'S SIGNATURE Herbert R. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union Blvd.
--	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

Via - Motor

Dr. Lewis Littman
8231 Clayton Rd.

3 - 5

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.....
Signature of Student Embalmer

Signed..... *Albert A. Thompson*

Licensed Embalmer No. *1423*

P. O. Address..... *H. J. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.