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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1956

State File No. **19131**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1041**

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ladue</b>		c. CITY OR TOWN <b>Ladue</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>#9760 Old Warson Road.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#9760 Old Warson Road</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>THEODORE</b>	b. (Middle) <b>FERGUSON</b>	c. (Last) <b>FOWLER.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1956.</b>
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5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>	8. DATE OF BIRTH <b>Oct 13, 1889.</b>	9. AGE (In years last birthday) <b>66.</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Real Estate.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Reactor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown Fowler.</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ferguson.</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Allen Fowler.</b>
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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) <b>no.</b>	16. SOCIAL SECURITY NO. <b>no.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Theodore F. Fowler Jr.</b> ADDRESS <b>Old Warson Rd., #9760</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral edema</b>			<b>20 Minutes</b>
ANTECEDENT CAUSES	DUE TO (b) <b>Chronic alcoholism</b>		<b>30 Years</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <b>Hypertensive cardiovascular disease</b>		<b>15 Years</b>
II. OTHER SIGNIFICANT CONDITIONS	<b>Arteriosclerotic heart disease</b>		<b>5 Years</b>
Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	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 **Feb. 28, 1956**, to **April 20, 1956**, that I last saw the deceased alive on **April 20, 1956**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. Todd Fowler</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington St. Louis</b>	23c. DATE SIGNED <b>23 Apr 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>4/28/56.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>4-24-56</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Dombrowski</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons,</b> ADDRESS <b>#7233 Delmar Blv'd.,</b>
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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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Genale W Schoe*.....

Licensed Embalmer No. *386*

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