THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43034

FILED DEC 18 1956

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10742

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1. — Length of stay in 1b days 13

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY 2c 39 c
c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2724 Hampton ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle Last FOWLER

4. DATE OF DEATH Month Day Year NOV. 22, 1956

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH January 21,1876

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk- Retired

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Bolivar,Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknwon

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mrs.Frieda Fowler 2724 Hampton ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH 2 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROSIS

DUE TO (c) UREMIA

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/9/56, to 11/22/56 and last saw her/him alive on 11/22/56

Death occurred at 6:50 A.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Charles Doubek Jr. M.D. (Degree or title)

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 11/23/56.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Nov.26,1956

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State) Lucas & Hunt Road St.Louis Co. Mo.

24. FUNERAL DIRECTOR C.Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St.

25. DATE RECD. BY LOCAL REG. NOV 26 1956

26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only black ink or ribbon typewriter if possible. Coroner cannot certify to a death due to natural causes: diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Lewis C. Hoffme

Licensed Embalmer No. 38

P. O. Address 7814 S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.