

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10257

FILED APR 12 1957

STATE FILE NUMBER 2573

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2573

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St. Louis</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>E. St. Louis 91208</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp.</i> Length of stay in 1b <i>1 wk</i>		d. STREET ADDRESS (If outside, give location) <i>322 102 North 14th</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>ORTIS</i> Middle <i>-</i> Last <i>FOWLER</i>			4. DATE OF DEATH Month <i>3</i> Day <i>11</i> Year <i>57</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1/15/1902</i>	9. AGE (In years last birthday) <i>55</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maint. Man C.D. Yard</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Terminal R.A. P.S.</i>		11. BIRTHPLACE (City and state or country) <i>Little Rock, Arkansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Dan Fowler</i>			14. MOTHER'S MAIDEN NAME <i>Lula Kendrick</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT <i>Beatrice Fowler</i> Address <i>102 N. 14th Street E. St. Louis, Ill.</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of head of pancreas</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>generalized abdominal metastases</i>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <i>157x</i>		
20c. TIME OF INJURY Hour <i>10:25</i> Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 *1-22-56* to *3-11-57* and last saw <sup>her</sup> him alive on *3-11-57*  
Death occurred at *10:25* p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *M. Pennington M.D.* (Date or Title) 22b. ADDRESS *607 N. Grand* 22c. DATE SIGNED *3-13-57*

23a. BURNAL CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>3/14/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Booker Washington</i>	23d. LOCATION (City, town, or county) (State) <i>Centreville Township, Ill.</i>
24. FUNERAL DIRECTOR <i>Marshall Office</i> ADDRESS <i>2114 Maone East St. Louis, Ill.</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 15 '57</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Ben H. Baldwin*

Licensed Embalmer No. 24.

P. O. Address 721 N. 26

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.