

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH26855  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1570

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, give TOWNSHIP only) Inside Limits OR TOWN Kirkwood Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Unincorporated Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in 1b 1 hour.	
d. STREET ADDRESS 90 Petty Hill		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oran Middle R. Last Fowler			4. DATE OF DEATH Month June Day 18, Year 1957
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 6, 1887
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in charge		10b. KIND OF BUSINESS OR INDUSTRY Nat'l. Postal Trans.	11. BIRTHPLACE (City and state or country) La Monte, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Robert E. Lee Fowler	
14. MOTHER'S MAIDEN NAME Nettie Taylor		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. unk.		17. INFORMANT Address Alva Belle Fowler, 90 Petty Hill	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 6 hours 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour 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 June 18, 1957 6/18/57 and last saw him alive on June 18, 1957 Death occurred at 10:15 a. m. on the date stated above; and to the best of my knowledge (from the causes stated).			
22a. SIGNATURE Charles Miller M.D.		22b. ADDRESS 306 N. Clay, Kirkwood Mo.	
22c. DATE SIGNED 6-20-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 21, 1957	
23c. NAME OF CEMETERY OR CREMATORY Sunset Cem.		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Hofmeister Colonial Mortuary, 6464 Chippewa St.		25. DATE RECD. BY LOCAL REG. 6-20-57	
26. REGISTRAR'S SIGNATURE Herbert R. Dombrowski			

(Licensed Embalmer's Statement on Reverse Side)

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Director, coroner, etc. must use only standard nomenclature in item 10. 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 *Levin C. Hoffmann*

Licensed Embalmer No. 38

P. O. Address 7814 S. Du

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.