REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

949
Do not use this space.

791
1003

949

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis Mo
(d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No.
Registered No.

2. PRINT FULL NAME Gladys M Fowler
(a) Residence, No. 7544 Hoover St. NR Richmond Heights Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward P. Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/23/1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
46	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis, Ill.

FATHER
13. NAME Fred Schwarzenbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Illinois

MOTHER
15. MAIDEN NAME Louisa Wilkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milstadt, Illinois

17. INFORMANT (ADDRESS) Edward P. Fowler
7544 Hoover, Richmond Heights

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St. Louis, Ill DATE Feb. 1 1939

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
(ADDRESS) 6633 Clayton Rd. St. Louis, Mo.

20. FILED JAN 30 1939 J. F. Bredick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 29 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 12 - 21 - 1938 to 1 - 29 - 1939
I last saw her alive on 1 - 29 - 1939 Death is said to have occurred on the date stated above, at 8 45 P.m.
The principal cause of death and related causes of importance were as follows:

Gall Stones (Cholecystitis)

Date of onset

Other contributory causes of importance:
Broncho pneumonia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ; 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ezra L. Evans, Jr., M. D.
(Address) BARNES HOSPITAL

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

Edward H. Bockhorst, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.