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FILED APR 16 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 9407  
Registrar's No. 2890

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Harry Fowler  
3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 70

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elizabeth Fowler 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased October 30, 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Levee, Coeur d'Alene, Idaho (City, town, or county) Mo. B (State or foreign country)

10. Usual occupation Moulder

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name H. W. Fowler G  
13. Birthplace Unknown I  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Lusk unknown  
15. Birthplace Unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Fowler  
(b) Address 1443 Warren St

17. (a) Burial (b) Date thereof 3/29/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cap Gravel, St. Charles

18. (a) Signature of funeral director Chas. A. Bull  
(b) Address 445 1/2 Washington Pl.

19. (a) MAR 28 1940 (b) J. P. [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2524 Howard St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26, year 1940 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from March 23, 1940 to March 26, 1940  
that I last saw him alive on March 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia R & L Lower Lobar

Due to Exposure, simple  
Due to Insult

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy As above  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (S, D, or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 3/27/40

**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.....

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

Signed

*John D. Fetter*

Licensed Embalmer No. 3880

P. O. Address .....

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