

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

Rev. 5-17-39
N. B. 1 X1991

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.

SEP 25 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27034**
Registrar's No. **6930**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days** (Specify whether
In this community **About 5 yrs.** years, months or days)

3. (a) PRINT FULL NAME **Fowler, Ruby** **U-10**

3. (b) If veteran, **No** name war _____ 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 16 1920**
(Month) (Day) (Year)

8. AGE: Years **20** Months **2** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Bealer Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maid**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jim Fowler**

13. Birthplace **North Carolina** (State or foreign country)

14. Maiden name **Jane Drouk**

15. Birthplace **Charleston Miss.** (State or foreign country)

16. (a) Informant's own signature **Jim Fowler**

(b) Address **1036 N. Elliot**

17. (a) **Burial** (b) Date thereof **8 15 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetary**

18. (a) Signature of funeral director **A. L. Beal Und.**

(b) Address **2726 Lucas Ave.**

19. (a) **AUG 18 1940** (b) **J. T. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3744 Windsor Pl.** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **12**
year **1940** hour **3** minute **40** P. M.

21. I hereby certify that I attended the deceased from **8-5-** 19 **40** to **8-12-** 19 **40**;
that I last saw her alive on **8-12-** 19 **40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis acute caused by streptococcus viridans** 2 mos.
Due to **Ovary, Cyst** 2 mos.
Liver Passive Congestion
Due to **Spleen** 2 mos.
Non Malignant
Other conditions _____
(Include pregnancy within 6 months of death)

Major findings: Of operations _____
Of autopsy **As above**
PHYSICIAN **1340**
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) (e) Means of injury _____

23. Signature **J. W. Johnson** (M. D. or other) **8-13-40**
Address **2601 N. Wittier St.** Date signed _____

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 Birdie Beal Anderson

Licensed Embalmer No. 2929

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.