No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12597

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3027

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: 1330a SHAWMUT PL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution On Route City Hosp #1 (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1330a Shawmut Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No Attending Physician years.

3. (a) PRINT FULL NAME Tennessee Fowler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph R. Fowler

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July (Month) 6 (Day) 1868 (Year)

8. AGE: Years 72 Months 9 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name Elijah Hood
13. Birthplace (City, town, or county) Ill (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Joseph Fowler
(b) Address 1330a Shawmut Pl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd

19. (a) APR - 7 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 6 year 1941 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Sclerosis
Due to Arterio Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Alfred Pierson (M. D. or other)
Address Date signed 4/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.