S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32503

Primary Registration District No. 1003

Registrar's No. 8912

1. PLACE OF DEATH:

(a) County

(b) City or town: Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)

In this community: About 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: None

(c) City or town: Saint Louis, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.: 4022 Fairfax Avenue
(If rural, give location)

(e) Citizen of foreign country?: No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: FOWLER, Houston

3. (b) If veteran, name war: ---

3. (c) Social Security No.: 492-07-7985

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Willie

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

7. Birth date of deceased: September (Month) 27 (Day) 1897 (Year)

8. AGE: ~~Years~~ 50 49 Months 11 Days 22 If less than one day: hr. min.

9. Birthplace: Gregory (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Trucker

11. Industry or business: Freight House Louisville-Nashville

FATHER
12. Name: Sam Fowler
13. Birthplace: Unavailable (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Unavailable
15. Birthplace: Unavailable (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Willie Fowler
(b) Address: 4022 Fairfax Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem

18. (a) Signature of funeral director: Charles J. Gates
(b) Address: 4107 Finney Avenue

19. (a) SEP 23 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 19th, year: 1947 hour: 7 minute: 50 p. m.

21. I hereby certify that I attended the deceased from 9-17-47 9-19, 1947 to September 19, 1947 that I last saw him alive on September 19th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency	Duration 2 days
Due to: Mitral Insufficiency	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN: Underline the cause of 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: 0

23. Signature: J. W. Wilcuson (M. D. or other)
Address: 1536 Papin Street Date signed: 9-23-47

Jefferson City Printing Co.

(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 Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney

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, fact should be so stated above.