

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22089

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1462

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch rural</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		17
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4435<sup>a</sup> Easton ave</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>Fowler</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19-49</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-14-1915</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insper. cleaning co</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Century, Florida</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Levi Smiley</u>		13b. MOTHER'S MAIDEN NAME <u>Marrise Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Fowler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-22-5433</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Koch Hospital records</u> ADDRESS <u>Koch Hosp</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>136</u>			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 6-3-1949 to 6-19-1949, that I last saw the deceased alive on 6-18-1949, and that death occurred at 8:30 am, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Robert Koch Hosp</u>		23c. DATE SIGNED <u>6-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 22, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
DATE REC'D BY LOCAL REG. <u>6-20-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Randle &amp; Son</u> ADDRESS <u>3133 Bell Ave</u>	

(Licensed Embalmer's Seal on Reverse Side)

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

No. 300  
10.4896  
00

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*S J Watson*

Licensed Embalmer No. ....

*2698*

P. O. Address.....

*2769 Abbott*

Signed.....  
Student Embalmer

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.