

**STANDARD CERTIFICATE OF DEATH**

State File No. 6119

**FILED MAR 15 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 5-5

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Charles</u> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Charles</u> OR TOWN "Rural" <u>St. Charles Twsp</u> c. LENGTH OF STAY (in this place) <u>32 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0920</u> OR TOWN "Rural" <u>St. Charles Twsp</u> d. STREET ADDRESS (If rural, give location) <u>R.R. 3 (Boschertown Road)</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>Raymond</u> b. (Middle) <u>W.</u> c. (Last) <u>Fowler</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 5 1952</u>			
<b>5. SEX</b> <u>Male 0</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced 3</u>	<b>8. DATE OF BIRTH</b> <u>Dec 4, 1905</u>	<b>9. AGE</b> (In years last birthday) <u>46</u>	Months <u>3</u> Days <u>1</u>	IF UNDER 14 HRS. Hours <u>  </u> Min. <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Aircraft Co</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Aircraft Co</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>0</u> <u>New Florence, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>William R. Fowler</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Catherine Johnson</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Edna Gruenewald</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>NIL</u>	<b>16. SOCIAL SECURITY NO.</b> <u>493-03-2319</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Marlene Fowler (daughter) St. Charles Mo</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of lung left</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis left femur + pelvis</u> DUE TO (c) <u>metastasis to rt kidney</u> <b>II. OTHER SIGNIFICANT CONDITIONS*</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left femur, patho.</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>18 mos.</u>  <u>9 mos.</u>  <u>4 mos.</u>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>163X F</u>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY.</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 4-14, 1951, to 3-5, 1952, that I last saw the deceased alive on 3-5, 1952, and that death occurred at 7:30 P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Russell Linder, M.D.</u>	<b>23b. ADDRESS</b> <u>St Charles, Mo.</u>	<b>23c. DATE SIGNED</b> <u>3-6-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>March 8-1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Charles, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3/17/52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Francis [Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>H. C. Dallowmeyer + Sons Co</u> <u>600 N. 2nd St. St. Charles, Mo.</u>
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**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.

Student .....  
Student Embalmer

Signed

*Herbert C. Gallmeyer*

Licensed Embalmer No.

*4546*

P. O. Address

*St. Charles, Mo*

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.