S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17990

FILED MAY 27 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4254

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 11 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~St. Louis~~ AFFTON 4820
d. STREET ADDRESS (If rural, give location) 9730 Gravois

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES b. (Middle) HENRY c. (Last) FOWLER

4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 12-7-1923
9. AGE (In years last birthday) 28 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator engineer
10b. KIND OF BUSINESS OR INDUSTRY Air Reduction
11. BIRTHPLACE (State or foreign country) Sikeston Mo.
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Allen Fowler
13b. MOTHER'S MAIDEN NAME Alta Fansler
14. NAME OF HUSBAND OR WIFE Margaret Fowler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 488-28-9162
17. INFORMANT'S SIGNATURE OR NAME Allen Fowler — ADDRESS RR 2 Campbell Mo.

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) Peritonitis - Generalized — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute, gangrenous, Perforated Appendix — 10 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/27/52.
19b. MAJOR FINDINGS OF OPERATION Appendicitis acute gangrenous, Perforated, Peritonitis generalized
20. AUTOPSY? YES ☐ NO ☑
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 550.1

22. *I hereby certify that I attended the deceased from* 4/27, 1952, *to* 5/3, 1952, *that I last saw the deceased alive on* 5/2, 1952, *and that death occurred at* 2:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Elbert H. Cason (Degree or title) MD
23b. ADDRESS 3606 Gravois
23c. DATE SIGNED 5/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-6-52
24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo

DATE REC'D BY LOCAL REG. MAY 6 1952
REGISTRAR'S SIGNATURE Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F. Home — ADDRESS 2301 Lafayette Ave
(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 .....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed N. G. Farris

Licensed Embalmer No. 3384

P. O. Address 5301 Lafayette Ca

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.