

No. 34-48

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

FILED APR 27 1955

STANDARD CERTIFICATE OF DEATH

14300

State File No.

33554-55

BIRTH NO. 317 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 871

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 5049 a No. Kingshighway	
3. NAME OF DECEASED (Type or Print) a. (First) Baby Amy b. (Middle) c. (Last) Fowler			
4. DATE OF DEATH (Month) (Day) (Year) 4 14 55		5. SEX Female 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) baby (N.B.)		8. DATE OF BIRTH 4/13/55	
9. AGE (In years last birthday) 1 IF UNDER 1 YEAR: MONTHS 1 IF UNDER 1 HR.: HRS. 1 MIN. 55		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) New Born	
10b. KIND OF BUSINESS OR INDUSTRY New Born		11. BIRTHPLACE (State or foreign country) Normandy, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Glenwood Fowler, D.O.	
13b. MOTHER'S MAIDEN NAME Wanda Lee Kistler		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) --		16. SOCIAL SECURITY NO. -- None	
17. INFORMANT'S SIGNATURE OR NAME Dr. Glenwood Fowler - as above ADDRESS			

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Non Viable Premature-Fetus		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.		"		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION "		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7768	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 14 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <input checked="" type="checkbox"/>	

22. I hereby certify that I attended the deceased from **4/13/1955**, to **4/14/1955**, that I last saw the deceased alive on **4-14-55**, 19**55**, and that death occurred at **12:50^am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Glenwood Fowler, D.O.** 23b. ADDRESS **6201 Latimer Ave.** 23c. DATE SIGNED **4-14-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Apr. 15, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, County Missouri**

DATE REC'D BY LOCAL REG **4/15/55** REGISTRAR'S SIGNATURE **Rebecca R. Romberg** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son Inc. 2161 E. Fair Ave.**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.