

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37437

STATE FILE NUMBER 10160

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Bertrand	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 31	
Length of stay in lb 10 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IONA Middle BAKER Last FWLER			4. DATE OF DEATH Month OCTOBER Day 25 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years birthday) 66
11. BIRTHPLACE (City and state or country) Mississippi Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Baker		13b. MOTHER'S MAIDEN NAME Jane Lewis	
14. NAME OF HUSBAND OR WIFE David H. Fowler		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address David H. Fowler, Bertrand, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT			INTERVAL BETWEEN ONSET AND DEATH 72 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			MANY YEARS
DUE TO (c) ADENOCARCINOMA OF RIGHT BREAST 6 WEEKS			331+H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from OCT. 15, 1957 to OCT. 25, 1957 and last saw her alive on OCT. 25, 1957 Death occurred at 1:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Engage or title) C. P. Vermillion, M. D.		22b. ADDRESS Barnes Hospital	
22c. DATE SIGNED 10/26/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 10-25-57		23c. NAME OF CEMETERY OR CREMATORY Armer Cemetery	
23d. LOCATION (City, town, or county) Bertrand, Mo.		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. OCT 29 '57	
26. REGISTRAR'S SIGNATURE Earl Smith MO			

Mississippi

Missouri

X

Missouri

X

X

10 days

STATE

00

June 1, 1991

X

White

Female

U.S.

Mississippi Co. No.

Housewife

David H. Fowler

Jane Lewis

Frank Baker

Missouri No.

David H. Fowler

None

No

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 Signature of Student Embalmer

Signed *J. W. D. Embler* Licensed Embalmer No. 3653

P. O. Address *1144 8th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

Albert H. Hope, 1700 Washington Blvd.