Health, & Welfare Public Service

5-300 T-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026947
STATE FILE NUMBER

FILED JUL 18 1958 (50532-58) Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6758

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): CARDINAL GLENNON — Length of stay in 1b: 1 YHRS 2189
39

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY: /
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 4342 W. PAPIN — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Baby — Middle LONNIE RAY — Last Fowler
4. DATE OF DEATH: Month 7 Day 6 Year 58
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-1-58
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 5 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LEON FOWLER
14. MOTHER'S MAIDEN NAME: MILDRED MORRIS
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: LEON. FOWLER — Address: 4342 W PAPIN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b): Congenital Heart Disease — birth
DUE TO (c): ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 754.5
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year: —
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-6-58, to 7-6-58 and last saw her/him alive on 7-6-58
Death occurred at 9:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chester P. Lynxwiler MD
22b. ADDRESS: 3209 S. Grand
22c. DATE SIGNED: 7-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7-8-58
23c. NAME OF CEMETERY OR CREMATORY: MT LEBANON
23d. LOCATION (City, town, or county): PATTONVILLE (State): MO

24. FUNERAL DIRECTOR: Earl Hileman — ADDRESS: Overland Mo
25. DATE RECD. BY LOCAL REG.: JUL 7 58
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.. Not Embalmed

Student.....
Signature of Student Embalmer

Signed Earl T. Hellerman

Licensed Embalmer No. 350

P. O. Address Oakland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
-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.