

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40241

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 1444 1/2 St. Louis Ave.)

File No.....
Registered No. 12279
St. Ward)

2. FULL NAME Eben L. Owens

(a) Residence. No. 1444 1/2 St. Louis Ave. 26 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Lotta Owens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26th. 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
<u>81</u>	<u>10</u>	<u>0</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman
(b) General nature of industry, business, or establishment in which employed (or employer) Cattle
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER James Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Lotta Owens
(Address) 1444 1/2 St. Louis Ave.

15. FILED DEC 28 1926 Max G. Starceff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26th. 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th, to Dec 26th, 1926 that I last saw him alive on Dec 26th, 1926, and that death occurred, on the date stated above, at 3:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apart of cerebral hemorrhage
B2A
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Louis H. Davis, M. D.

Dec 27, 1926 (Address) 103 1/2 St. Louis Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old St. Marcus Cemetery **DATE OF BURIAL** Dec. 29 1926

20. UNDERTAKER Wacker-Helderle **ADDRESS** 2331 S. Bway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

