

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

Do not use this space.

6629

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **St. Louis City Hosp.**) Registered No. **1577**
 St. _____ Ward _____

2. FULL NAME

Burl Owens
 (a) Residence. No. **365-4 W. Pine**, **19** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **about 2** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (Nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF **Mary Owens**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 8-1889**

7. AGE
 YEARS: **38** MONTHS: **4** DAYS: **3**
 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work: **Track man**
 (b) General nature of industry, business, or establishment in which employed (or employer): **Steel Foundry**
 (c) Name of employer: _____

9. BIRTHPLACE (CITY OR TOWN) **Irving Ill**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Samuel Owens**

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

12. MAIDEN NAME OF MOTHER **Rose Cundiff**

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

14. INFORMANT **Mary Owens**
 (Address) **365-4 W. Pine St. Louis Mo**

15. FILED **FEB 12 1928**
 REGISTRAR **[Signature]**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 11 1928**

17. I HEREBY CERTIFY That I attended deceased from **1-15-1928** to **2-11-1928**
 that I last saw him alive on **2-10-1928**, and that death occurred, on the date stated above, at **10:00 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS: **Ch. Pulmonary Tuberculosis**
 (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **31**
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

3 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? **Henry C. Westerman**
 (Signed) _____, M. D.
 (Address) **City Hosp.**

*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 **Hillsboro Ill** **DATE OF BURIAL** **Feb. 13 1928**

20. UNDERTAKER **J. J. Kehney** **ADDRESS** **Madison Ill**

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.

