

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

11190

**1. PLACE OF DEATH**

County ST. LOUIS Registration District No. 701  
 Township ..... Primary Registration District No. 1003  
 City ST. LOUIS (No. 250) S. Kingshighway St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_ Registered No. 3020

**2. FULL NAME** Harold Owens

(a) Residence. No. 2150 Elm Rte. St. 12 Ward. St. Louis 00 Mo  
 (Usual place of abode) (If nonresident give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) \_\_\_\_\_

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 1-26-27

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.**  
1 1 21

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** ST. LOUIS  
 (STATE OR COUNTRY) MO.

**10. NAME OF FATHER** Thomas Owens

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** \_\_\_\_\_  
 (STATE OR COUNTRY) MO

**12. MAIDEN NAME OF MOTHER** Nellie Wilcox

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** \_\_\_\_\_  
 (STATE OR COUNTRY) MO.

**14. INFORMANT** J Mc Ivry  
 (Address) 500 S. Kingshighway

**15. FILED** \_\_\_\_\_ **19** 1928  
Max C. Stankoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 3-17-28 19  
**17.**

I HEREBY CERTIFY, That I attended deceased from 3-6-28, 1928, to 3-17-28, 1928, that I last saw him alive on 3-17-28, 1928, and that death occurred, on the date stated above, at 2:30 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Pneumonia (Primary)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 16 ds.

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** Home  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** No

**WHY TEST CONFIRMED DIAGNOSIS?** Phys Exam  
 (Signed) Russell B. Reed  
17, 1928 (Address) St. L. Children's 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. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Valhalla **DATE OF BURIAL** March 19 28

**20. UNDERTAKER** Geo L Pleitsch **ADDRESS** 5966 Canton

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

PARENTS

nt of Occupation.—Precise statement of very important, so that the relative of various pursuits can be known. The lies to each and every person, irrespec- For many occupations a single word or rst line will be sufficient, e. g., *Farmer or sician, Compositor, Architect, Locomo- Civil Engineer, Stationary Fireman, etc.* cases, especially in industrial employ- necessary to know (a) the kind of work the nature of the business or industry, an additional line is provided for the nt; it should be used only when needed.

(a) *Spinner, (b) Cotton mill, (a) Sales- cery, (a) Foreman, (b) Automobile fac- terial worked on may form part of the pent. Never return "Laborer," "Fore- tager," "Dealer," etc., without more fication, as Day laborer, Farm laborer, l mine, etc. Women at home, who are e duties of the household only (not paid who receive a definite salary), may be ousewife, Housework or At home, and gainfully employed, as At school or At should be taken to report specifically ons of persons engaged in domestic ages, as Servant, Cook, Housemaid, etc. tion has been changed or given up on*

THE DISEASE CAUSING DEATH, state occu- pinning of illness. If retired from busi- it may be indicated thus: *Farmer (re- For persons who have no occupation ite None.*

it of Cause of Death.—Name, first, CAUSING DEATH (the primary affection o time and causation), using always the i term for the same disease. Examples:

*fever (the only definite synonym is erebrospinal meningitis); Diphtheria ("Croup"); Typhoid fever (never report*

gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hem- orrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child- birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by rail- way train—accident; Revolver wound of head— homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesir- able terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemor- rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.