

JAN 28 1929

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

Do not use this space.

42381

1. PLACE OF DEATH

County St. Louis  
Township Central  
City St. Louis

Registration District No. 989  
Primary Registration District No. 6039B  
(No. 2150, Elm Ave.)

File No. ....  
Registered No. 370  
St. .... Ward

2. FULL NAME

Infant Owens  
(a) Residence. No. 2150 Elm Ave. St., Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co. Missouri  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Thos. Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Green Co. Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nellie Wiley

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

14. INFORMANT Mr. Thos. Owens  
(Address) 2150 Elm Ave.

15. FILED 12/14, 1928 Polla Bracy M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1928 to Dec 13 1928  
that I last saw h. alive on Dec 13 1928, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

atelectasis  
159  
161 P  
(duration) yrs. mos. 3 da.

CONTRIBUTORY Prematurity (8 mo)  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 0/16/28  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) D.C. Borserman, M.D.

12-14, 1928 (Address) 6123<sup>a</sup> Easton 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 Valhalla Cem. DATE OF BURIAL Dec 15 1928

20. UNDERTAKER Geo. L. Pleitich ADDRESS 5966 Easton

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.

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