

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

Do not use this space.

39303

1. PLACE OF DEATH

City St. Louis Mo. Registration District No. 701
1003

Township _____ Primary Registration District No. _____

City St. Louis Mo. (No. St. Louis Mat. Hosp.) St. _____ Ward _____

File No. _____

Registered No. 11483

St. _____ Ward _____

2. FULL NAME Jenny Owens

(a) Residence, No. 1221 1/2 St. St. 22 Ward. (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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1895

7. AGE YEARS 36 MONTHS 5 DAYS - If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER FATHER 13. NAME Edward Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Lula Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT George Owens (ADDRESS) 1221 1/2 St. 7th

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Nov. 17 1931

19. UNDERTAKER J. H. Harrison (ADDRESS) 2906 La Salle

20. FILED NOV 16 1931 W. C. Taylor Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1931 to 11-13-1931

I last saw h. or alive on 11-13-1931 Death is said to have occurred on the date stated above, at 9³⁰ A.

The principal cause of death and related causes of importance were as follows:

Britaine, Acute (Puerperal) Date of onset _____

Other contributory causes of importance: 149A

Name of operation Cesarian Section Date of 11/15/31

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____ (Signed) J. H. Harrison M. D.

(Address) 6308 Kings Highway

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.

