

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

Do not use this space.

30480

File No. 8139
Registered No. 3183
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 4045^a Enright) St. _____ Ward _____

2. FULL NAME

Alex. Owens
(a) Residence, No. 4045^a Enright St. 11 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>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Owens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1880</u>		
7. AGE YEARS <u>Abt. 52</u>	MONTHS <u>-</u>	DAYS <u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter 215</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Higgett's Drug Co.</u>		
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) <u>South Carolina 2</u>		
13. NAME <u>Alex. Owens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>		
15. MAIDEN NAME <u>Unknown 51</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Edna Owens</u> <u>4045^a Enright Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Washington Park 9/8th 1932</u>		
19. UNDERTAKER (ADDRESS) <u>H. B. Gordon & Sons Co.</u> <u>2649 Morgan St.</u>		
20. FILED <u>SEP - 8 1932</u> <u>W. M. J. J. J.</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Sept 5 1932.
I last saw him alive on Sept 5 1932. Death is said to have occurred on the date stated above, at about 10 A.M.
The principal cause of death and related causes of importance were as follows:
Chr. Nephritis & Myocarditis Date of onset 151
93D/31
95B ①
Other contributory causes of importance:
Acute dilatation of Heart

9 Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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? _____
If so, specify _____
(Signed) A. W. Cheatham M. D.
(Address) 1046 N. Grand St.

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.

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

