

17K3

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

Do not use this space.

37262

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. Esplanade City Hospital) ..... Ward

File No. ....  
Registered No. 9888

2. FULL NAME

George A. Owens  
(a) Residence, No. 4414 St. Louis St., 11 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 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 5, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - 189  
9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis Post Office  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 20

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

13. NAME John Owens

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

15. MAIDEN NAME Annie H. Deacon

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

17. INFORMANT (ADDRESS) Dr. N. A. Owens  
4414 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Nov 10 1932

19. UNDERTAKER (ADDRESS) W. A. Brown  
2727 N. Grand

20. FILED NOV - 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician 1932 to Attended 1932

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:  
Fracture & dislocation of 3rd cervical vertebra struck & run over by auto truck 16th St. Morgan 11/7/32  
Other contributory causes of importance: Admission

Name of operation 210 Date of.....  
What test confirmed diagnosis?..... Was there an autopsy yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide..... Date of injury 11/8 1932

Where did injury occur?..... (Specify city or town, county, and State) 5th Ave Mo

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury struck by auto

Nature of injury Fracture of cervical

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. W. Kerney M.D.  
1191 (Address) St. Louis

MARGIN RESERVED FOR BINDING  
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.

V. 5. NO. 2

