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.

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

Do not use this space.

37661

File No. 10348

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 5[illegible]

Township ..... Primary Registration District No. 10[illegible]

City St Louis (No. 5049 Lotus St. ..... Ward)

2. FULL NAME Mary Owens

(a) Residence, No. ..... St., 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8 1885

7. AGE: YEARS 47 MONTHS 2 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Mo

FATHER

13. NAME: Thomas Hickey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Annie McGrane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mary Owens 5049 Lotus av

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: 11-24-1932

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 2039 Wash St

20. FILED: NOV 23 1932 Max C Starkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1932 to 11-21, 1932

I last saw her alive on 11-21, 1932. Death is said to have occurred on the date stated above, at 10 P m.

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

Chronic Myocarditis

93C

102

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No

If so, specify .....

(Signed) B M Baird, M. D.

(Address) 2301 N Kingshighway

[illegible]

[illegible]

[illegible]

11 am – 12