

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

Do not use this space.

1. PLACE OF DEATH JAN 4 1935

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. German Desloge Hospital)

File No. 44706

Registered No. 11823

2. FULL NAME Thomas M Owens

(a) Residence, No. St. W.R Ward. Pineknayville, Ill
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-15-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>0</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Parmer

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

10. Date deceased last worked at this occupation (month and year) Dec-1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North City, Ill.

13. NAME William Owens

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Alfred E Owens (ADDRESS) Pineknayville, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Pineknayville, Ills. DATE Dec 16, 35

19. UNDERTAKER Albert N Hopp (ADDRESS) 429 N. Euclid

20. FILED J. F. Bredeck 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1934, to Dec 14, 1934

I last saw him alive on Dec 4, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Terminal pneumonia - localized peritonitis
460
103
46

Other contributory causes of importance:

Carcinoma of stomach

Name of operation Gastrectomy Date of 12/7/34

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?

If so, specify None (Signed) Thomas E. Stanton, M. D.

(Address) 607 - N. Grand

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

