

MAR 15 1935

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

Do not use this space.

6966

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis (No. 3413, North 9th St. Ward) 26

File No.
Registered No. 1374
St. Ward)

2. FULL NAME

(a) Residence, No. 3413 North 9th St., 26 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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Anna Owings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26, 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>13</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General Laborer</u>		
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).....		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Samuel Owings</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>		
15. MAIDEN NAME <u>Ellen Grant</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Emily Florke</u> <u>3413 North 9th St. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Feb. 11</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Mark Hermann and Son</u> <u>216 East Fair St.</u>		
20. FILED <u>12</u> - <u>8</u> <u>1935</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 5:30 A.M.

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

Lobar Pneumonia Date of onsetP. Carotid Arteriosclerosis

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? no23. 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) W. H. Jones M. D.(Address) 216 East Fair St.2/8/35

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.

THIS IS A PERMANENT RECORD

