

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

Do not use this space.

1. PLACE OF DEATH *1644 B* 1935

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City *St. Louis* (No. *City South*)

File No. **34367**
Registered No. **8804**
St. Ward)

2. FULL NAME **Frances Owen**

(a) Residence, No. *2543* St. *Wilmington* Ward

Length of residence in city or town where death occurred *5* 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 *♀* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *husb. R Owen*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jun 29 - 1886*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Book*

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

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) *New York*

13. NAME *Frances Owen*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Birmingham*

15. MAIDEN NAME *Elizabeth Jane Sage*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wilmington*

17. INFORMANT (ADDRESS) *Wasp Sup. M. Keel City*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Abella* DATE *10/22 1935*

19. UNDERTAKER (ADDRESS) *Pronest Und. Co 3710 N. Grand Blvd.*

20. FILED *OCT 21 1935* *J. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10 - 20, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *10/18*, 19*35*, to *10-20*, 19*35*.

I last saw him alive on *10-20, 1935*. Death is said to have occurred on the date stated above, at *3:20 a.m.*

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

*Intuberculosis infection
Left femur
186*

Date of onset *9-7-35*

Other contributory causes of importance: *Bronchial pneumonia*

Name of operation Date of
What test confirmed diagnosis? *X-ray* 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 *9-7-35*

Where did injury occur? *at home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *In home*

Manner of injury *fall to floor*
Nature of injury *fracture of femur*

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

(Signed) *H. W. Morris*, M. D.
(Address) *City South*

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.

WHILE FADING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

