JUL 14 1936

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

1 Do not use this space.

24542

File No.

Registered No. 6161

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. Deaconess Hospital St. Ward)

2. FULL NAME Jackson J. Owens

(a) Residence, No. St., N K Ward. Webster Groves
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	1	4	

OCCUPATION

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

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

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) St Louis

FATHER

13. NAME John Owens

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

MOTHER

15. MAIDEN NAME Annie Deacon

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

17. INFORMANT Mary Helen Owens
(ADDRESS) Webster Groves

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk DATE 6-17 1936

19. UNDERTAKER Anthony J. Donnelly U. Co
(ADDRESS) 3840 Windsor Pl

20. FILED JUN 16 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1932, to 6-15, 1936

I last saw him alive on 6-15, 1936. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Myocarditis Chr	
93C	
Other contributory causes of importance:	
Hypertension	?
Coronary occlusion	?
Pneumonia Bronchial	6-11-36

Name of operation None Date of

What test confirmed diagnosis? Clinical 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, 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) Cecil G. Dick, M. D.

(Address) Webster Groves Mo

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

(60M-3-28-35)

Dr Quick
648 E. Big Bend Rd
1:250