

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

AUG 18 1936

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis M. (No. EnRoute to City Hospital)

791  
1003

28481

File No.....  
Registered No. 7245  
St. .... Ward)

2. FULL NAME

Owen Black  
(a) Residence, No. 618 Walnut St St., 25 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 45 - -

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

MOTHER  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER  
13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Harold H. Schulz  
(ADDRESS) Coroners Office

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Castle Ind. DATE July 18 1936

19. UNDERTAKER Peetz Brothers  
(ADDRESS) 3029 Lafayette Ave

20. FILED JUL 15 1936  
J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 19 36

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 8:00 A.

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

Other contributory causes of importance:  
None

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?.....  
If so, specify..... (Signed) [Signature], M. D.

(Address) [Signature]  
7/15/36

