DEC 3 1936

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

Do not use this space.

43026

File No.

Registered No. 11601

1. PLACE OF DEATH

County ---------- Registration District No. 791 791

Township ---------- Primary Registration District No. 1003 1003

City St. Louis (No. 1027, Oakview Place St., Ward)

2. FULL NAME William Augustus Owen

(a) Residence, No. 1027 Oakview Place St., 4 Ward. ----------
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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) Bertha Marko

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guide and Guard Public Art Museum

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

10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) New Design, (STATE OR COUNTRY) Monroe County, Illinois

FATHER

13. NAME Harrison Green Owen

14. BIRTHPLACE (CITY OR TOWN) ------ (STATE OR COUNTRY) Monroe County, Illinois

MOTHER

15. MAIDEN NAME Johanna Durfee

16. BIRTHPLACE (CITY OR TOWN) ---------- (STATE OR COUNTRY) Monroe County, Illinois

17. INFORMANT Mrs Bertha Owen (ADDRESS) 1027 Oakview Pl. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery Kirkwood, Missouri. DATE Nov. 24 1936

19. UNDERTAKER Allen W. McLaughlin (ADDRESS) Webster Groves, Missouri

20. FILED NOV 23 1936 J. F. Bredlick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to Nov 21, 1936

I last saw h. alive on Nov 21, 1936 Death is said to have occurred on the date stated above, at 7 30 p.m.

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

	Date of onset
Carcinoma of Tongue	about 6 months ago.

Other contributory causes of importance: 455B

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) Vincent Hammond, M. D.

(Address) 3101a Sutton ave Maplewood 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