

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

Do not use this space.

JAN 10 1937

46288

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No. **791**
1003
(No. 4117 Botanical Ave. St. Ward)

File No.
Registered No. 12074
St. Ward)

2. FULL NAME

John W. Owings

(a) Residence, No. 4117 Botanical Ave. St. 17 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1853

7. AGE YEARS 83 MONTHS 11 DAYS 1 IF LESS than 1 day, hrs. or min.

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

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) Missouri

FATHER 13. NAME Dudley Owings

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

MOTHER 15. MAIDEN NAME (unk.) Millken

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

17. INFORMANT R. C. Owings (ADDRESS) 2136 Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL Centralia, Mo. DATE 12-9-36

19. UNDERTAKER A. W. L. U. Co. (ADDRESS) 2707 N. Grand Bl.

20. FILED DEC 9 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936, to Dec 8 1936

I last saw him alive on Dec 8 1936 Death is said to have occurred on the date stated above, at 3:45 am.

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

Brachial pneumonia Date of onset 12/7/36

Other contributory causes of importance: 11/2

Name of operation..... 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) E. W. German, M. D. (Address) 7924 S. Grand Bl.

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.

