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

Do not use this space.

1. PLACE OF DEATH JUL 8 1937

County ..... Registration District No. 791

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

City St. Louis (No. City Hospital No.1 St. ..... Ward)

File No. 21982

Registered No. 5734

C. 2960

2. FULL NAME Pearl Owen

(a) Residence, No. 3825 Delmar St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	0	26	

OCCUPATION

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

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

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 Aden Swearengen

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

MOTHER

15. MAIDEN NAME Mathilda Cummins

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

17. INFORMANT (ADDRESS) Hosp. Info. M. Kent

18. BURIAL, ~~CREMATION, OR~~ REMOVAL

PLACE Milan, Mo. DATE JUNE 13, 19 37

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1710 N. Grand Blvd

20. FILED JUN 10 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/31/37, 19 to 6/9/37, 19

I last saw her alive on 6/9/37, 19 Death is said to have occurred on the date stated above, at 5.40 p m

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

	Date of onset
1 carcinoma Lt. Ovary	
2 metastases to	
~~Lung~~	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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) A. W. Hauss, M. D.

(Address) City Hospital No.

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