

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 791

CERTIFICATE OF DEATH 1003

32789

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 2430 N. Grand Blvd. St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward T. Owens

(a) Residence, No. 2430 N. Grand Blvd. St. Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Single
 (If married, give date of marriage)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1
85 10 10 day, ...hrs.
 or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mail Carrier
 9. Industry or business in which work was done, as 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) St. Louis
 (STATE OR COUNTRY) Mo.

13. NAME James Owens
 14. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Ann Quinn
 16. BIRTHPLACE (CITY OR TOWN) Roxbury
 (STATE OR COUNTRY) Mass.

17. INFORMANT Miss Mary E. Owens
 (ADDRESS) 2430 N. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem. DATE Sept. 23, 1937

19. FUNERAL DIRECTOR Cullinane Bros.
 (ADDRESS) 1710 N. Grand Blvd.

20. F. SEP 22 1937 J. T. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1937

22. I HEREBY CERTIFY That I attended deceased from Aug 18, 1937 to Sept 20, 1937
 I last saw him alive on Sept 20, 1937 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

1. Cardiac failure due to chronic Myocarditis

Other contributory causes of importance:

1. Arterio Sclerosis
2. Chronic Cystitis
3. Malignancy of bladder

Name of operation none Date of
 What test confirmed diagnosis? Auscultation 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 Julius P. Ferraro M. D.
 (Signed) Julius P. Ferraro
 (Address) 2435 N. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Fred Frick

Licensed Embalmer No. 3186

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)