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

FEB 16 1938

4075
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 1170
(b) Township Jefferson — Primary Registration District No. 6248-H — Registered No. 254
(c) City S Richmond Heights, Mo (d) Street No. St. Marys Hospital St.
(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. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jaqueline Sue Owens 57.0
(a) Residence, No. ..... St. NR Simpson, Illinois
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) November 4th, 1933
7. AGE: YEARS 4 | MONTHS 0 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
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) (STATE OR COUNTRY) Simpson, Illinois

FATHER
13. NAME Manuel Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Simpson, Illinois

MOTHER
15. MAIDEN NAME Gertrude Burris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Simpson, Illinois

17. INFORMANT (ADDRESS) Manuel Owens Simpson, Illinois
18. BURIAL, CREMATION, OR REMOVAL PLACE Simpson, Ill. DATE December 6th 1937
19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc., 329 N. Euclid Avenue
20. FILED Dec. 4 1937 Sam A. Bassett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3rd 1937
22. I HEREBY CERTIFY That I attended deceased from ..... 19..., to ..... 19..., I last saw her alive on Dec 2 1937. Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Medulla blastoma - Cerebellum -	1 yr.

Other contributory causes of importance:
Operation 53
Craniotomy Dec 2
Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy?

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)

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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