

22 1938

REC'D JUN 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19455

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784
 (b) Township _____ Primary Registration District No. 128 Registered No. 899
 (c) City Clayton, (d) Street No. St. Louis County 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Owens, 5-20

(a) Residence, No. _____ St. Glencoe, Mo. R. #1.
 (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 Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 50

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year), _____ 11. Total time (years) spent in this occupation. 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.13. NAME Henry Gammon, 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 915. MAIDEN NAME Elizabeth Egan, 516. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.17. INFORMANT (ADDRESS) Edward Owens
Glencoe, Mo. R. #1.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem.
Kirkwood, Mo. DATE 5/24/3819. FUNERAL DIRECTOR (ADDRESS) Schradert Funeral Home
Ballwin, Mo.20. FILE MAY 22 1938 J. R. Meyer, M.D.P.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Empyema15

Other contributory causes of importance:

Latent Brain Tuberculosis 157

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. 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) John O. Shull, Jr., M.D.(Address) Glencoe, 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.

STATEMENT BY LICENSED EMBALMER

I, Theo. Schradu, Licensed Embalmer No. 3066

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

L. E.

Theo. Schradu

No. 3066 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Theo. Schradu

Licensed Embalmer No. 3066

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.)