

1939 MAR 13 1939

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

4439  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** or ..... (d) Street No. **Homer Phillips Hospital** St.  
(e) Length of residence in city or town where death occurred **2** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. **1132**

2. PRINT FULL NAME **Lula Owens**

(a) Residence, No. **2624a Dickson** St. **21** (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 **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 2, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**56 3 29**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
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) **South Carolina**

13. NAME **Guston Peoples**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

15. MAIDEN NAME **Buelah Pleasant**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **2-4-1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Boyd Bros Funeral Home 3704 Fenway Ave**

20. FILE **FEB 4 1939** **J. B. Buelah** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 31, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 23, 1939 to Jan. 31, 1939**  
I last saw h. or alive on **Jan. 31, 1939** Death is said to have occurred on the date stated above, at **9 p. m.**  
The principal cause of death and related causes of importance were as follows:

**Pancarditis, chronic**  
**Chr rheumatic**  
Date of onset **1/23/39**  
Other contributory causes of importance: **57**

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?  
If so, specify .....  
(Signed) **Herbert E. ...** M. D.  
(Address) **2601 N. Whittier**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Louis V. Atkins*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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

**If this body is not embalmed, above space should be left blank.**