

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 17 1939 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38388
Registrar's No. 10227

Registration District No. 1008 Primary Registration District No. _____

1. PLACE OF DEATH: St. Louis,
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Infirmiry Hospita
(d) Length of stay: In hospital or institution 12-27-24
In this community 50 years.

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis,
(d) Street No. 5800 Arsenal St.
(e) If foreign born, how long in U. S. A. American.

3. (a) PRINT FULL NAME Abraham Owens
8. (b) If veteran, name war Unknown. 8. (c) Social Security No. _____
4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1, 1859.
8. AGE: Years 80 Months 7 Days 14 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 15, year 1939 hour 8:15 minute P. M. December 27.
21. I hereby certify that I attended the deceased from 1924 to November 15, 1939
that I last saw him alive on November 15, 1939
and that death occurred on the date and hour stated above.

9. Birthplace Arkansas. American.
10. Usual occupation Laborer.
11. Industry or business _____
12. Name Unknown.
13. Birthplace _____
14. Maiden name _____
15. Birthplace _____

Immediate cause of death Degenerative Heart Disease
Due to arteriosclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) 93C
Major findings: Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically

MOTHER FATHER
16. (a) Informant's own signature J. S. Sullivan
(b) Address 5800 Arsenal St.
17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 11-20-39
(c) Place: burial or cremation _____
18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger St
19. (a) (Date received local registrar) NOV 30 1939 (b) _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Geo. J. Bordin (M. D. or other) _____
Address _____ Date signed _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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