No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19872

State File No. 4820

Registration District No. 791 JUN 17 1940

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 21 (If outside city or town limits write "RURAL")

(d) Street No. 802 N. Jefferson Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Owens 520

3. (b) If veteran name war (495-16-0697) 5 3. (c) Social Security No. None

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 (Month) 15 (Day) 1884 (Year)

8. AGE: Years 55 Months 8 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Bailey Owens
13. Birthplace (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Ella Steward
15. Birthplace (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Esther Mays Sheppard

(b) Address 2601 N. Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof 5/25/40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Rohlfs

(b) Address 3500 Rutgers

19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21 year 1940 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 5-18- 1940, to 5-21- 1940 that I last saw him alive on 5-21- 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Asthma	About 1 Yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)

Address 2601 N. Whittier Date signed 5-23-40

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

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