

Registration District No. **791** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether \_\_\_\_\_)  
In this community 30 years  
(years, months or days)

**3. (a) PRINT FULL NAME** Lotta C. Owens 520  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** 493-07-1150

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widow

**6. (b) Name of husband or wife** E. L. Owens **6. (c) Age of husband or wife if alive** --- years

**7. Birth date of deceased** February 1, 1876  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
64 5 5 hr. min.

**9. Birthplace** Davenport Iowa  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Angelica Laundry

**11. Industry or business** \_\_\_\_\_

**12. Name** George W. Jamison

**13. Birthplace** Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mathilda Harting

**15. Birthplace** Chicago Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Wm F. Jamison  
**(b) Address** R. 1 Valley Park Mo.

**17. (a) Burial** **(b) Date thereof** 7/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** St. Marcus

**18. (a) Signature of funeral director** Wacker-Jeldene  
**(b) Address** 2331 S. Broadway

**19. (a) JUL 9 1940** **(b) J. D. Braddock**  
(Date received local registrar) (Registrar's Signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 30  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2724a St. Louis Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 6  
year 1940 hour 5 minute p. M.

**21. I hereby certify that I attended the deceased from** June 25  
\_\_\_\_\_, 1940, to July 6, 1940  
that I last saw her alive on July 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation

Due to: Chronic myocarditis

Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Appendicitis, Acute, Perforated, Gangrenous  
Of autopsy: Peritonitis, Cardiac Dilatation

**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** J. Lewis Hutton (M. D. or other) M.D.  
**Address** 3606 Kansas **Date signed** 7/8/40

Duration 1 hr.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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

*Robin Wheeler*

Licensed Embalmer No.

*2178*

P. O. Address

*Phoenix, Arizona*

**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.**