

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

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

1. PLACE OF DEATH:

(a) County St. Louis MO.

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

(c) Name of hospital or institution: 4014^a Lindell Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community _____
years, months or days

REC'D DEC 1 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State MO.

(b) County _____

(c) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 4014^a LINDELL BLVD
(If rural, give location)

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

3. (a) PRINT FULL NAME ALBERTA T OWEN

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 22ND
year 1940 hour 11³⁰ minute P. M.

21. I hereby certify that I attended the deceased from 25TH
of AUGUST 1940 to NOV. 22ND 1940
that I last saw her alive on NOV. 20 1940
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased: Oct 23 1901
(Month) (Day) (Year)

Immediate cause of death

CARCINOMA OF THE LEFT BREAST

Due to _____

Due to METASTASIS to SPINE AND PELVIS

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

39 7⁰ 30 hr. min.

9. Birthplace: Odessa MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Clerical

11. Industry or business: _____

12. Name: A. J. Adair

13. Birthplace: MO
(City, town, or county) (State or foreign country)

14. Maiden name: Ida Wauser

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: B. C. Owen

(b) Address: 4014 Lindell Blvd

17. (a) (b) Date thereof (c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director: Muller Big

(b) Address: 425^a Lindell Blvd

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

NOV 24 1940 (Date received local registrar)

J. J. Decker (Registrar's signature)

Major findings:

Of operations NONE

Of autopsy NONE

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 car

23. Signature: B. James Auster (M. D. or other) D.O.

Address 4336 LINDELL BLVD Date signed 11/23/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *Howard F. Rowland*

Licensed Embalmer No. *3114*

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.