

Registration District No. **7911**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **City Hospital**  
(d) Length of stay: In hospital or institution **1**  
In this community **1** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(d) Street No. **5800**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Alfred S. Owens**

(b) If veteran, name war. (c) Social Security No.

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Unk** 6. (c) Age of husband or wife if alive

7. Birth date of deceased **Unknown**

8. AGE: **80** Years Months Days If less than one day

9. Birthplace **Mo**

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Unknown** 13. Birthplace **Mo**

14. Maiden name **Unknown** 15. Birthplace **Mo**

16. (a) Informant **Walter Ferguson - P.D.** (b) Address **4925**

17. (a) (b) Date thereof **12-11-40**

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

18. (a) Signature of informant **Walter Ferguson** (b) Address **DEC 27 1940**

19. (a) (b) **J. T. Bredeck**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **28**  
year **1940** hour **2:05** minute **17** M.

21. I hereby certify that I attended the deceased from **19** to **19**

that I last saw **alive** on **19** and that death occurred on the date and hour stated above.  
Immediate cause of death **Fracture of Left Hip**

**fracture of Left Hip**

**suffered when released fell to floor**

**see City Infirmary**

Other conditions **None**

Major findings: **None**

Of operations **None**

Of autopsy **9:20 PM**

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **11/23/40**

(c) Where did injury occur? **at home**

(d) Did injury occur in or about home, on farm, an industrial place, or public place? **Public Place**

23. Signature **Joseph M. Quinn** Address **Deputy Coroner**

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

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**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.**