

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941 STANDARD CERTIFICATE OF DEATH

State File No. 30272
Registrar's No. 7611

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 34 Benton Pl
(d) Length of stay: In hospital or institution. 3 months
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (d) Street No. 34 Benton Pl
(e) Citizen of foreign country? No Yes (Yes or No) 0

3. (a) PRINT FULL NAME TERRY LESTER OWENS
3. (b) If veteran. no 3. (c) Social Security No. NO

4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive. NO years
7. Birth date of deceased June 9 1941

8. AGE: Years Months Days If less than one day
3 11 hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

12. Name Wm. Owens

13. Birthplace Belgrade Missouri (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Grey

15. Birthplace Hanshaw Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Owens (b) Address 34 Benton Pl

17. (a) Burial (b) Date thereof Sept 21 1941 (c) Place: burial or cremation Belgrade Missouri

18. (a) Signature of funeral director A. W. M. Laughlin (b) Address 2301 Lafayette Ave

19. (a) SEP 21 1941 (b) J. F. Budack (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 20 year 1941 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from 9-15-41 to 9-20-41 and that death occurred on the date and hour stated above. 1941
Immediate cause of death Acute Solitis Duration
Due to
Due to
Other conditions
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature A. P. Boushine (M. D. or other) 6
Address 2355 Lafayette Date signed 9/21/41

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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, fact should be so stated above.