

No. 2  
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17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33485**

FILLED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8441**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: De Paul Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Anita Eloise Owens

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Baby 10

6. (b) Name of husband or wife Nil

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

7. Birth date of deceased October 24 1941  
(Month) (Day) (Year)

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

6 hr.     min.

9. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business Nil

MOTHER FATHER { 12. Name Elmer Earl Owens

13. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Guinn

15. Birthplace River Mines Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Owens

(b) Address 907 Angelica St.

17. (a) Burial (b) Date thereof 10/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Edward A. Hart

(b) Address 3934 N. 20th St.

19. (a) OCT 25 1941 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 907 Angelica  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th  
year 1941 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from October 24 12:28 P.M., 1941, to 10-24, 1941;  
that I last saw him alive on 10-24, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death premature

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Edward A. Hart (M. D. or other) M.D.

Address De Paul Hospital Date signed 10/24/41

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

**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.

*Not Embalmed*

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, fact should be so stated above.**