. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12050

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 756

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda-Dilworth Memorial Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Years. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3321 California 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M. R. Owen

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Burrell Owen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12 (Day) 1868 (Year)

8. AGE: Years 73 Months 9 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Ills., (State or foreign country)
10. Usual occupation Nil
11. Industry or business None

FATHER
12. Name James R. Braden
13. Birthplace (City, town, or county) Ills. (State or foreign country)

MOTHER
14. Maiden name Mary Travis
15. Birthplace (City, town, or county) Va (State or foreign country)

16. (a) Informant Mrs. Margaret Warner
(b) Address 3321 California St. Louis, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,
19. (a) APR 3 1942 (Date received local registrar) (b) E. S. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1942 hour minute 17 M.

21. I hereby certify that I attended the deceased from Nov. 1941 to Apr 3rd 1942 that I last saw her alive on Apr 2nd 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bronchitis	3 days
Due to Bulbar Paralysis Arteriosclerosis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. Deabaugh (M. D. or other) MD
Address 105 W. Lockwood Ave. Date signed 4-3-42

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H. Bapp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H. Bapp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.