

S. No. 2
M-5-42
7-5-17-39
VI X588

NOV 11 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9133

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:
5139 Minerva
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5139 Minerva
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie 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, Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 4, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 27 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Chas Joseph Owen

13. Birthplace Chaffie, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Emma Gravenstein.

15. Birthplace Cincinnati, Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Owen

(b) Address 5846 Itaska

17. (a) Burial (b) Date thereof Nov. 3, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Bessie Nicholas
1431 Union Blvd.

(b) Address _____

19. (a) NOV 2 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1942 hour 2 minute 15 p. M.

21. I hereby certify that I attended the deceased from Oct. 10
1942 to Oct 31, 1942
that I last saw him alive on Oct. 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (Bilateral)

Due to _____
Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings Of operations _____

Of autopsy _____

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 Lois G. Mack (M. D. or other) _____

Address 1206 Academy Date signed 11/11/42

Duration
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

JAN 4 1943

JAN 5 1943

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 *Frank J. Beebe*

Licensed Embalmer No. *5915*

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.