S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33773

Registrar's No. 9599

1. PLACE OF DEATH:

(a) County

(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 1 day 13 hours (Specify whether
In this community 1 day 13 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 926
(If outside city or town limits, write "RURAL")

(d) Street No. ~~De Paul Hospital~~ 907 Angelica
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carol Manon Owen

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 0

6. (b) Name of husband or wife Nil

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

7. Birth date of deceased November (Month) 16 (Day) 1942 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 13 hr. min.

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

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name Elmer B. Owen 0
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marjorie Guinn
15. Birthplace Flat River (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Elmer Owen
(b) Address 907 Angelica

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Guedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) NOV 18 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1942 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 16, 1942, to Nov 17, 1942;
that I last saw her alive on Nov 17, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Foramen Ovale. Blue Baby.	2 days
Due to	
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 0

23. Signature B. F. Sheegh (M. D. or other)
Address 1875 Madison Date signed 11/18/42

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Not Embalmed

Signed Alfred F. Bredeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.