

S. No. 2
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PI 32872

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 934

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(c) Name of hospital or institution:
6700 Edison Pl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 6700 Edison Pl
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilhelmina Owens
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 16 year 1943 hour 7 minute 30 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Owens
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/16 1943 to 4/16 1943 that I last saw her alive on 4/16 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 0 13 _____ hr. _____ min.

Immediate cause of death Cardiac failure
Chromyocarditis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Lebanon Ill
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business _____
12. Name Christian Grauel
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Hilda Koehler
15. Birthplace At Sea 8
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Chas. Burke
(b) Address Burial East St. Louis, Ill
17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Apr. 19, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill

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? _____

18. (a) Signature of funeral director Chas. Burke
(b) Address East St. Louis, Ill
19. (a) APR 20 1943 (b) C. E. Gilliland
(Date received local registrar) (Registrar's signature)

23. Signature C. E. Gilliland (M.D. or other) _____
Address Mo. Theatre Bldg. St. Louis Date signed Apr. 17

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.

Signed..... *Chas. Busch*

Licensed Embalmer No. **2421**

P. O. Address..... **East St. Louis**

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.