

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30264**
8272
Registrar's No. _____

FILED SEP 28 1943 218
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary.
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution. 1mo, 8days.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Luther Owens.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widower.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. January 1 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 10 _____ hr. _____ min.

9. Birthplace. Arkansas. _____
(City, town, or county) (State or foreign country)

10. Usual occupation. Shoe worker

11. Industry or business. _____

MOTHER FATHER

12. Name Nelson, Owens.
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Anna Frevat.
15. Birthplace Tennessee.
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 9-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabray Cem.

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 DuFour Blvd.

19. (a) SEP 1 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. 25
(If outside city or town limits, write "RURAL")
(d) Street No. 826 Carr St. 600
(If rural, give location) 17
(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country American 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 11,
year 1943, hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 3. 42
19 9/11/43 to Sept. 11. 1943

that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 3 years

Due to Atherosclerosis several years

Due to _____

Other conditions C. N. S. Les year
(Include pregnancy within 3 months of death)

Major findings: 309 PHYSICIAN _____
Of operations _____
Of autopsy _____
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?

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

23. Signature H. Wm. Korontz (M.D. or other) M.D.
Address 5800 Arsenal Date signed 9/15/43

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

James A. Lammers

Licensed Embalmer No. *4142*

P. O. Address *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.