

Registration District No. 318 Primary Registration District No. Registrar's No. 1103

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:
5521 Southwest Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 17
(c) City or town St. Louis 913
(If outside city or town limits, write "RURAL")
(d) Street No. 5521 Southwest Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME RICHARD OWENS

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

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

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

7. Birth date of deceased July 16th 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 17 hr. min.

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

10. Usual occupation Laborer retired

11. Industry or business.....

12. Name William Owens

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

14. Maiden name Elizabeth Eikey

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

16. (a) Informant Frank Owens

(b) Address 5521 Southwest Ave

17. (a) Burial (b) Date thereof 2-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Joseph Bauer Mortuaries

(b) Address 4228 South Washington
19. (a) FEB 9 1944 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd
year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15
....., 1944, to Feb 9, 1944.
that I last saw him alive on Feb 2, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis Duration 2 hrs.

Due to Arteriosclerosis Heart Disease 1 year
+ Hypertension

Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy None

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?

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

23. Signature J. Brennan M.D. (M. D. or other) 3/3/44
Address 1519 University Club Bldg State signed.....

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

43
7-39
K38671

1
Dr. Anthony Brennan
St. Louis

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..... *Richard W. Stansbury*

Licensed Embalmer No. *4007*

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.