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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 9

Registration District No. 319

Primary Registration District No. 6079

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL - STE GENEVIEVE TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ON HIGHWAY 25 - 1/2 MILE NORTH OF 25-32 INTERSECTION
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: ST. LOUIS 96

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. ST. JOSEPH TWP
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLETTE LOUISE OWENS

3. (b) If veteran, name war.....

3. (c) Social Security No. 498-14-6289

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 16TH
year 1944 hour 4:15 minute A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

4. Sex FEMALE 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 alive..... years

7. Birth date of deceased MAY 28 1922
(Month) (Day) (Year)

Immediate cause of death:
ACCIDENTAL TRAUMATISM

Due to AUTO WRECK

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings:
Of operations.....

Of autopsy.....

8. AGE: Years Months Days If less than one day

21 8 11 hr. min.

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

10. Usual occupation Inspector Emma Sun Trust

11. Industry or business Defense plant

12. Name George Owens

13. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lois Mearns

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

1700-8
22

16. (a) Informant Mrs. Hasset Owens

(b) Address 7661 Pleasant Rd. Normandy Mo

17. (a) Burial (b) Date thereof 2-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem

18. (a) Signature of funeral director Hasset and Co.

(b) Address 3710 N Grand Blvd St. Louis Mo

19. (a) Feb 16/44 T.W. Douglas
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT

(b) Date of occurrence 2/16-44 095

(c) Where did injury occur? STE GENEVIEVE, STE GEN, Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON HIGHWAY #25 - 1/2 MILE NORTH OF 25-32 INTERSEC.
(Specify type of place)

While at work? No (e) Means of injury CONCUSSION BEAM

23. Signature John Stanton Colonel 3
(M. D. or other)

Address St. Genevieve, Mo Date signed 2/16/44

RECEIVED

District Health Officer No. 4
District File Number 244-3513
Date Filed 3-8-44

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 Robert L. Benkman

Licensed Embalmer No. 3553

P. O. Address 3710 N Grand St

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.