S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9336

State File No.

Registration District No. 1008 Primary Registration District No. Registrar's No. 2087

1. PLACE OF DEATH:

(a) County
(b) City or town ST. Louis MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-22-43-3-15-44 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00 17
(c) City or town ST. Louis MO. (If outside city or town limits, write "RURAL") 711
(d) Street No. 4434 Evans (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Juanita Owens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife William Owens

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

7. Birth date of deceased Abt. 1905 (Month) (Day) (Year)

8. AGE: Years Abt. 38 | Months | Days | If less than one day hr. min.

9. Birthplace Arkansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Anos Collins
13. Birthplace Ark (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Tonos Cuny
15. Birthplace Ark (City, town, or county) 1 (State or foreign country)

16. (a) Informant Viola Becktame
(b) Address 5600 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R.M.C. Green
(b) Address 3517 Lacede Ave

19. (a) MAR 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 44 hour 6 minute 15 p. M.

21. I hereby certify that I attended the deceased from Oct. 22, 1943 to March 15, 1944 that I last saw him/her alive on March 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	1
Due to	2
Due to	3
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Maxwell (M. D. or other)
Address 5600 Arsenal St Date signed 3-16-44

(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.

Signed R. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Saclede Av

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.