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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1944

Registration District No. 3 7 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15831

Primary Registration District No. 6076

Registrar's No. 894

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans' Administration Facility, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Dec. 28, 1943 (Specify whether years, months or days)

In this community Since December 28, 1943

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County - -

(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1830 Parsons Ave.
(If rural, give location)

(e) Citizen of foreign country? - - - (Yes or No)

If yes, name country - - -

3. (a) PRINT FULL NAME OWENS, Clyde S.

3. (b) If veteran, name war WW #1

3. (c) Social Security No. 409-24-5481

4. Sex Male O

5. Color or race White

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

6. (b) Name of ~~husband~~ wife Mrs. Pauline Owens,

6. (c) Age of ~~husband~~ wife if alive 51 years

7. Birth date of deceased April (Month) 22, (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	20	hr. min.

9. Birthplace Lobelville, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Nickle Plate R.R.

FATHER
12. Name Jesse Owens,
13. Birthplace Unknown (City, town, or county) Tennessee. (State or foreign country)

MOTHER
14. Maiden name Melvina Arnold,
15. Birthplace Lobelville, (City, town, or county) Tennessee. (State or foreign country)

16. (a) Informant M. Schilling Cl. Clk.,

(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Union City Tenn

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 15 1944 (Date received local registrar) (b) E. J. McGauran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th, year 1944 hour 8:15 AM. minute M.

21. I hereby certify that I attended the deceased from December 28, 1943 to April 12, 1944; that I last saw him alive on April 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF RECTUM,	UNKNOWN
OTHER CONDITIONS: -	
~~Due to~~ TUBERCULOSIS, PULMONARY, CHRONIC, MODERATELY ADVANCED, ACTIVE.	UNKNOWN
~~Due to~~ PNEUMONIA, BRONCHIAL, RECENT WITH RESIDUALS. NO TYPING.	2-month 28-days
~~Other conditions~~ (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1-7-44, 1ST. STAGE RESECTION OF RECTUM AND COLOSTOMY.
Of autopsy No autopsy

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) No

(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) Nature of injury

23. Signature L.M. COCHRAN, LT.COL.M.C. (M.D. or other)

Address Chief Medical Officer, Date signed 4-12-44

707

(Licensed Embalmer's Statement on Reverse Side)

JUN 6 1944

MAY 17 1944

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 John Ganoski

Licensed Embalmer No. 3398

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.