V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23316

FILED JUL 26 1944 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6272

1. PLACE OF DEATH:

(a) County .....
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1324 Glasgow Ave
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rebecca Owsley

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

4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Huston Owsley
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 29 (Day) 1886 (Year)

8. AGE: Years 57 Months 11 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Attala County (City, town, or county) Miss. 1 (State or foreign country)
10. Usual occupation Domestic
11. Industry or business —

FATHER
12. Name Tom Grant
13. Birthplace Unknown (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name Grace McCoy
15. Birthplace Unknown (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Gracie Young
(b) Address 1418 N. Garrison Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) JUL 15 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage of Brain. Fracture of Pelvis when she was struck
Due to by a street car in charge of Harry George Hill and being
Due to operated by student operator Roy Ragan about 50 feet East
Other conditions of Leffingwell on Franklin
(Include pregnancy within 3 months of death) avenue around 6:30 PM 7-10-44

Major findings:
Of operations 1/1
Of autopsy 3/1

Duration

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) Accident 000
(b) Date of occurrence 7-10-44
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? (e) Means of injury .....

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 7/17/44

(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~~ L Boy

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St Louis Mo

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.