

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7796**
Registrar's No. **1503**

FILED FEB 20 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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:
City 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 **?** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **William S. Owen**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary C. Owen** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **June 28, 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 **7** **16** hr. min.

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

10. Usual occupation **Custodian**

11. Industry or business **Church**

MOYER FATHER { 12. Name **John S. Owen**

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

14. Maiden name **Sarah Mosier**

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

16. (a) Informant **Mrs. Mary C. Owen**

(b) Address **2945 N. 14th St.**

17. (a) Burial **Burial** (b) Date thereof **Feb. 14, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **FEB 13 1946** (b) **J. F. Bedeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Osage**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2945 N. 14th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12th**
year **1946** hour **6:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 15 '46** to **Feb 11 '46**
that I last saw him alive on **Feb 11 '46**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Flu, B Pneumonia**
Endocarditis - 77 days

Due to **Ch. nephritis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **131**

Major findings: Of operations _____

Of 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) _____

(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. F. Bedeck** (M. D. or other) _____

Address **1875 Madison** Date signed **2/13/46**

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

0474

1895 McLean Pl
9-10-23-7-8

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 Ralph Linders
Licensed Embalmer No. 4275
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.