

FILED MAR 30 1946 STANDARD CERTIFICATE OF DEATH

State File No. **11515**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2754**

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

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 4 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2711 Clark
(If rural, give location)

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

3. (a) PRINT FULL NAME Arfelia Owens

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
 year 1946 hour 6 minute 40 A M.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Rachel Owens 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 1 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 18, 1946, to Mar. 21, 1946; that I last saw him alive on March 21, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 2 Days 20 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage

Duration Unk

9. Birthplace Montgomery Ala.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Janitor

11. Industry or business Steel Casting Co.

12. Name Edmond Owens

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

14. Maiden name Elizabeth Jackson

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

16. (a) Informant Rachel Owens

(b) Address 2711 Clark

17. (a) Burial (b) Date thereof 3-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

Major findings:
 Of operations _____

Of autopsy No

18. (a) Signature of funeral director Athens Bur. and Co.

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 E. J. Green (M. D. or other) _____
 Address 2601 N. Wheeler Date signed 3/25/46

10427

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.....

Rocio V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finley*

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.