V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15083

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3257

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: Missouri Baptist 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 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. 1321a N. 19th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Owens
3. (b) If veteran, name war No
3. (c) Social Security No. 349-09-1393
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About (Month) 1900 (Year)
8. AGE: Years About 46 Months Days If less than one day hr. min.
9. Birthplace Hobsonville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Robert Owens
13. Birthplace W. Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ellen Cook
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Luther Cook
(b) Address 1321a N. 19th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 8 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1946 hour 1:30 minute P. M.
21. I hereby certify that I attended the deceased from 2, 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 Subdural hemorrhage
Duration
Due to Traumatic separation of the cervical spine
Due to Fall from a second story window & bounced off the ground and struck the deceased on the neck and face while at work on the roof of a building at 1310 So Spring
Due to
Other conditions 13 1946
(Include pregnancy within 3 months of death)

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) Accident
(b) Date of occurrence March 13 1946
(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? Work (Specify type of place)
While at work? (e) Means of injury Labor
23. Signature Patrick E. Taylor (M.D. or other)
Address Deputy Coroner Date signed 4-5-46

(Licensed Embalmer's Statement on Reverse Side)

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

13933

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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.