

FILED JUL 1 1946

State File No. _____
Registrar's No. 1361

Registration District No. 377 Primary Registration District No. 3064

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
912 Hudson Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 912 Hudson Road
(If rural, give location)

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

3. (a) PRINT FULL NAME Lott P. Owens

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 Lee Owens 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 16, 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1946 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from May 1 1946 to June 20 1946
that I saw him alive on June 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5-1-46

8. AGE: Years Months Days If less than one day

82	1	6	hr. min.
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Due to arteriosclerosis 5-1-46

Due to 93-d

9. Birthplace Ofallon, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

11. Industry or business _____

12. Name Joseph S. Owena

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

14. Maiden name Sarah Turnbaugh

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Lee Owens

(b) Address 912 Hudson Road, Ferguson, Mo.

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? ()

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

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

(b) Address 4828 Natural Bridge Blvd.

19. (a) 6-25-46 (Date received local registrar) (b) E. A. McHarran, M.D. (Registrar's signature)

While at work? _____ (Specify type of case) (c) Date of injury _____

(d) Signature Emmett Owens M.D. or other _____

Address 3802 N. Lincoln St. Date signed 6-21-46

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

20213

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 A. Mena*
Licensed Embalmer No..... *4186*
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.