S. No. 2
M—2-43
. 5-17-39
I X35697

20942

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 22073

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1537

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town ~~Maplewood Mo~~ St Louis

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

(c) Name of hospital or institution: 2120 Blendon Pl

(If not in hospital or institution, write street number or location)

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

In this community .....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St Louis 100

(c) City or town ~~Maplewood~~ St Louis 17

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

(d) Street No. 2120 Blendon Pl 4 9

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) Y

If yes, name country .....

3. (a) PRINT FULL NAME Josephine Owen

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert

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

7. Birth date of deceased Nov (Month) 24 (Day) 1881 (Year)

8. AGE: Years 64 Months 6 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Newton Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Asst Caterer

11. Industry or business Collins Fox Co

FATHER

12. Name Unknown Brandewiede

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Raymond Spathelf

(b) Address 2120 Blendon Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 19 (Day) 46 (Year)

(c) Place: burial or cremation Valhalla emetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) 6-22-46 (Date received by local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 16 year 1946 hour 8.45 AM minute ..... M.

21. I hereby certify that I attended the deceased from 11-28-41, 19..., to 6-16, 1946, that I last saw him alive on 6-15-46, 19..., and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Apoplexy | 2 days |
| Due to: Arteriosclerosis | 5 yrs |
| Due to: Hypertension | 5 yrs. |
| Other conditions (Include pregnancy within 3 months of death): Myo-endocarditis | 2 |

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

Signature B. B. Gummels (M. D. or other)

Address 116 Mc Candlund Date signed 6-18-46

(Licensed Embalmer's Statement on Reverse Side) B.B. Gummels

Dr Gummels
Mc Causland Ave

## 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 Edwin D McDermott

Licensed Embalmer No. 3024

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.**