

FILED 318 22 1946

Registration District No. Primary Registration District No. 1003

Registrar's No. 6058

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution
4877 Margaretta Ave. /
(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 ⁰⁰⁰ 17

(c) City or town St. Louis ⁷ 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4877 Margaretta Ave. ⁰
(If rural, give location)

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

3. (a) PRINT FULL NAME Lionel Hardcastle Ownby

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male ⁰ 5. Color or race W

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

6. (b) Name of husband or wife Christina Ownby 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased NOV. 11 1853
(Month) (Day) (Year)

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

92 7 27 hr. min.

9. Birthplace Mc Kenzie, Tenn. /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business Contracting

MOTHER FATHER { 12. Name Donald Ownby

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

14. Maiden name Jane Kinkaid ⁹
(City, town, or county) (State or foreign country)

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

16. (a) Informant Christina Ownby
(b) Address 4877 Margaretta Ave.

17. (a) Burial (b) Date thereof 7-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery
Suedmeyer & Sons.

18. (a) Signature of funeral director _____
(b) Address 3934 N. 20th. St.

19. (a) JUL 9 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 8th.
year 1946 hour 7.15 minute P. M.

21. I hereby certify that I attended the deceased from
December 20th, 1945, to July 7, 1946
that I last saw him alive on July 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis
and senility

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

23. Signature _____ (M. D. or other)
Address: 414³ a N. Newstead Date signed 7/9/46

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.