

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **22550**  
Registrar's No. **6371**

FILED JUL 13 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
19  
9

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: Frisco Hospital, St. Louis, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days  
(Specify whether years, months or days)

In this community Yes  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Tipton Owen

3. (b) If veteran, name war No

3. (c) Social Security No. 702-07-9338

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Neva Owen

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January 14 1902  
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
<u>45</u>	<u>5</u>	<u>20</u>		_____hr. _____min.

9. Birthplace Billings, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Brakeman

11. Industry or business Frisco Railroad

MOTHER FATHER

12. Name Wm. Owen

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

14. Maiden name Hattie Keathly

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

16. (a) Informant John L. Owen

(b) Address Billings, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Willard, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 4 1947 (Date received local registrar)

(b) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. R.R. # 2  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
year 1947 hour 1 minute 50 AM.

21. I hereby certify that I attended the deceased from July 1st 1947 to July 4th 1947  
that I last saw him alive on July 3rd 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia following gastric resection and gastroenterostomy for obstruction

Due to due to old duodenal ulcer

Due to \_\_\_\_\_

Other conditions 117  
(Include pregnancy within 3 months of death)

Major findings: Scarring of stomach and duodenum and adhesions in surrounding area.

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature Nicholas H. Nauert, Jr. (M. D. ~~overline~~) M.D.  
Address Frisco Hospital, St. Louis, Mo. Date signed 7-4-47

JUL 31 1944

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**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 S. Kennedy*

..... Licensed Embalmer No. *4197*.....

..... 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.**