

FILED JUL 26 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Railway Exchange Bldg., 6th & Olive Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)
 In this community 43 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County AFU
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5006 Christy
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Herman T. Owen
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 702-05-0043

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 16
 year 1947 hour 12: minute 50 P. M.

4. Sex M. 5. Color or race W.
 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Dena Lankford
 6. (c) Age of husband or wife if alive 12 years
 7. Birth date of deceased Aug. 12 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from sec 1941 to July 1947
 that I last saw him alive on 7-16-47 AM 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>11</u>	<u>4</u>	hr. min.

Immediate cause of death
Coronary Thrombosis 6 years
 Due to _____
 Due to _____

9. Birthplace Walch, Ills
(City, town, or county) (State or foreign country)
 10. Usual occupation Chief Clerk to Chief Spec. Agt.
 11. Industry or business Wabash R. R.

Other conditions PH
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name Aris Owen
 13. Birthplace Ills.
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Brunner
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dena L. Owen
 (b) Address 5006 Christy
 17. (a) burial (b) Date thereof 7-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Lawn Cem.
 18. (a) Signature of funeral director Alexander Bros Inc
 (b) Address 6175 Delmar
 19. (a) JUL 18 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) no
 (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) Means of injury
 23. Signature A. R. R. R. R. R. (M. D. or other) _____
 Address 1114 W. Thebes St Date signed 7-17-47

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

Dr. R. Ruckling;
Miss Lisa Pledg.
12:30 - 1:30 P.M.

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 Jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6175 Delmar

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.