

S. No. 2
 1-12-45
 5-17-39
 X47070

FILED JUL 21 1947 **318**

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:
 (a) County St Louis Mo
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4357 Enright Ave
 (If on highway, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME In fant Owen s - Twin # 1
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race colored
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 10 1947
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 5 min.

9. Birthplace St. Louis Mo (State or foreign country)

10. Usual occupation _____

11. Industry or business N I

12. Name Malachi Owens

13. Birthplace White County Ark. (State or foreign country)

14. Maiden name Alberta Kee ne

15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Malachi Owen s

(b) Address 4357 Enright Ave

17. (a) Burial (b) Date thereof 7-20-47
 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Un d Co

(b) Address 2726 Lucas Ave

19. (a) JUL 22 1947 (b) J. F. Bredbeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4357 Enright Ave 9
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 11
 year 1947 hour 10 minute P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
 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) _____
 Means of injury _____

23. Signature W. H. Smith (M. D. or other) 11/5/47
 Address 1001 N. Jefferson Date signed _____

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 Norris Thompson Wilson

Licensed Embalmer No. 4425

P. O. Address 4738 Waverly

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.