S. No. 2
1—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40945
Registrar's No. 16033

FILED NOV 22 1947

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5573 Greer 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 Mo. (b) County ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5573 Greer Ave. 9
(If rural, give location) 6 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mollie Owens
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dr. I. M. Owens
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 8 (Day) 1876 (Year)

8. AGE: Years 71 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Ganeau (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Home
11. Industry or business

MOTHER FATHER
12. Name James Richardson /
13. Birthplace Va. (City, town, or county) (State or foreign country) /
14. Maiden name Martha Johnston
15. Birthplace Va. (City, town, or county) (State or foreign country) /

16. (a) Informant Don Owens
(b) Address Gerald Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Owensville Mo.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) OCT 31 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1947 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 31st, 1947, to Oct 28th, 1947, that I last saw her alive on Oct 28th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Hemorrhage	2 days
Due to Septic Ulcer	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature James A. Sullivan (M. D. ~~coroner~~)
Address 2864 S. Union Blvd. Date signed 10/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
MOTOR

28[illegible]on Blvd.

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 Warren A. Carver

Licensed Embalmer No. 3534

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.