FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 3 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21210
Primary Registration District No. 1003
Registrar's No. 5712

1. PLACE OF DEATH:
(a) County 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 1327 a Gay ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 0-0-0 17
(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1327 a Gay ST.
(If rural give location)
25
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA OWENS
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex FEMALE 3
5. Color or race COL.
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 15 (Day) 1868 (Year)

8. AGE: Years 80 Months 0 Days 8 If less than one day hr. min.
9. Birthplace MADISON CTY. MISS. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE.
11. Industry or business
FATHER
12. Name ALLEN STEWART
13. Birthplace MADISON CTY. MISS. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace MADISON CTY. MISS (City, town, or county) (State or foreign country)
16. (a) Informant OZELLA HAIRTHORN
(b) Address 1327 a GAY ST.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation CANTON, MISS
18. (a) Signature of funeral director W. ROBINSON & SONS
(b) Address 2216 DICKSON ST
19. (a) JUN 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 15, 1947, to June 23, 1948
that I last saw her alive on 6-23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Apr '48
Due to Hypertension	May '47
Due to Cardiorenal Disease	May '47
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)
While at work? (e) Means of injury
23. Signature J. C. Sherard (M. D. or other)
Address 2702 Franklin Date signed 6-24-48

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

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. J. A. Green

Licensed Embalmer No. 2963

P. O. Address 4714 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.