

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 146

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

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| 1. PLACE OF DEATH a. COUNTY ST. FRANCOIS | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS | | |
| b. CITY (If outside corporate limits, write RURAL and give township) FARMINGTON 9 FRANCOIS ST. No. 2500 | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL #4 | | | d. STREET ADDRESS (If rural, give location) 630 DEMERVILLE 1 | | |
| 3. NAME OF DECEASED (Type or Print) William Abraham Owens | | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 14 1949 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JULY 6 1887 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Day 9 Hours 8 IF UNDER 24 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) TEXAS | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |

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| 13a. FATHER'S NAME ABRAHAM OWENS | 13b. MOTHER'S MAIDEN NAME ADA TREVINO | 14. NAME OF HUSBAND OR WIFE BERTHA BRECHTEL |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | 16. SOCIAL SECURITY NO. 488-09-2699 | 17. INFORMANT'S SIGNATURE OR NAME BERTHA OWENS ADDRESS LEMAY MO |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia, terminal | | INTERVAL BETWEEN ONSET AND DEATH Abt. 5 das. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Meningo vascular syphilis | | Unknown. |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) SUICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from July 19, 1948 to April 14, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) John Brennan M.D. | 23b. ADDRESS State Hospital No. 4, Farmington, Mo. | 23c. DATE SIGNED 4-22-49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE APRIL 18 1949 | 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO |
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| DATE REC'D BY LOCAL REG. Apr. 23, 1949 | REGISTRAR'S SIGNATURE Ether Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti ADDRESS 2906 Garrie St. Louis, Mo. |
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RECEIVED

District Health Officer No. 4

District File Number 549-57

Date Filed 5-2-49

MAY 2 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leo J. Budd

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.