

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21516**
5791
Registrar's No. _____

FILED JUL 15 1949

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 7		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hamner G. Hospital				STREET ADDRESS (If rural, give location) 1807 Cole St.			
3. NAME OF DECEASED a. (First) Marilyn (Type or Print)			b. (Middle) _____		c. (Last) Owens		4. DATE OF DEATH (Month) (Day) (Year) 6 29 '49
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 10.9.47	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 8 Days 20	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Owens			13b. MOTHER'S MAIDEN NAME Dorothy Banks		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPH OWENS 1807 COLE			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gravely Pneumonia</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 107			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 491X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:5A m., from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or title) <i>Walter Perry Clark</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7.1.49		24c. NAME OF CEMETERY OR CREMATORY OAKDALE		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY	
DATE REC'D BY LOCAL REG. JUL 5 1949		REGISTRAR'S SIGNATURE <i>B. Lassiter</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Allen Decker 3506 Franklin</i>		

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

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 *James H. [Signature]*

Licensed Embalmer No. 4441

P. O. Address 3516 Franklin St.

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.