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FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31846

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7667**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
c. LENGTH OF STAY (In this place) 2 23 9		d. STREET ADDRESS (If rural, give location) 2316 McNair Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		4. DATE OF DEATH (Month) (Day) (Year) Sept 8, 1950	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) _____ c. (Last) Owens		5. SEX Female 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 24, 1908	
9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months 2 Days 15 IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Hartmann	
13b. MOTHER'S MAIDEN NAME Mary Gurstel		14. NAME OF HUSBAND OR WIFE Roy Owens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Roy Owens, 2316 McNair Ave.		ADDRESS _____	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Bronchiectasis		4 mos	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 526X	

22. I hereby certify that I attended the deceased from **5/9/50**, 19____, to **9/8/50**, 19____, that I last saw the deceased alive on **8/22/50**, 19____, and that death occurred at **10:30 PM** from the causes and on the date stated above.

23a. SIGNATURE Walter H. Hooper (Degree or title)		23b. ADDRESS 3108 South Grand Ave		23c. DATE SIGNED SEP 9 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 11, 50		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	
24d. LOCATION (City, town, or county) (State) Lemay, Mo.		24e. NAME OF CEMETERY OR CREMATORY Mt. Olive		24f. LOCATION (City, town, or county) (State) Lemay, Mo.	

DATE REC'D BY LOCAL REG. SEP 11 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Undk. Co.	
_____		_____		ADDRESS 7420 Michigan Ave	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W E Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

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.