

FILED JUN 29 1951

STANDARD CERTIFICATE OF DEATH

21376

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5477

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 5477	
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) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 40 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2918 Market St.				d. STREET ADDRESS (If rural, give location) 4345 Evans Ave. 8					
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle)		c. (Last) Owens		4. DATE OF DEATH (Month) (Day) (Year) 6 - 13 - 1951	
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 - 13 - 1902		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nashville, Tenn.			12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Rufus Greer			13b. MOTHER'S MAIDEN NAME Henrietta Greer			14. NAME OF HUSBAND OR WIFE Uther Owens			
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.		17. INFORMANT'S SIGNATURE OR NAME Uther Owens, 4345 Evans Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Mitral Stenosis and Cardiac Asthma 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. Acute Nephritis and Edema.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H342					
22. I hereby certify that I attended the deceased from 10/15, 1950, to 6/13, 1951, that I last saw the deceased alive on 6/13, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE W. W. YERBY (Degree or title)				23b. ADDRESS 2918 Market St.			23c. DATE SIGNED 6/15/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-18-1951		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. JUN 16 1951		REGISTRAR'S SIGNATURE J B Lasater			25. FUNERAL DIRECTOR'S SIGNATURE, HOME ADDRESS W. J. Baker & Son Funeral Home, 5201 N. Newstead 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 *Arthur L. Heilliard*

Signed
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4740 Campbell*

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.