

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39547

S. No. 300

IV. 10-48

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9772	
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 town) St. Louis		c. LENGTH OF STAY (in this place) (township) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2339			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Baptist Hospital				e. STREET ADDRESS (If rural, give location) 1860a South Twelfth Street			
3. NAME OF DECEASED (Type or Print) PEARL		a. (First)		b. (Middle)		c. (Last) OWENS	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1951	
9. AGE (in years last birthday) 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Natl. Lead Co.		8. DATE OF BIRTH June 10, 1886	
11. BIRTHPLACE (State or foreign country) Varner Missouri				12. CITIZEN OF WHAT COUNTRY? U			
13a. FATHER'S NAME George Owens			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE ETHEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Owens 1860a So. 12th Street			
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) Carcinoma Urinary Bladder ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION October 1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma Urinary Bladder				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) C		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) C		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 181X			
22. I hereby certify that I attended the deceased from Sept 3, 1949 , to Nov 3, 1951 , that I last saw the deceased alive on Nov 2, 1951 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph E. Glenn M.D.				23b. ADDRESS 958 Arcade Bldg		23c. DATE SIGNED Nov 5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-6-51		24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. NOV 5 1951		REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin		ADDRESS 2301 Lafayette Avenue	

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.E. Glenn. MD
Arcade Bldg.
(Office) CH. 7040
(Res...) PA. 7573

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 _____

H. Y. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.