

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22469

State File No. ....

5695

BIRTH NO. 76119 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2117 Adelaide Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>DePaul Hospital</u>		9	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>		b. (Middle)	
c. (Last) <u>Owens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1952.</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 17, 1952.</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William C. Owens</u>	
13b. MOTHER'S MAIDEN NAME <u>Bonnie Wilkerson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. William C. Owens</u>		ADDRESS <u>2117 Adelaide Ave.</u>	
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) <u>Premature Birth</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Rupture of membranes.</u>			
DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>7615</u>			
22. I hereby certify that I attended the deceased from <u>5-17-52.</u> to <u>6-18-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-17-52.</u> , 19 <u>52</u> , and that death occurred at <u>12:45a</u> m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>James M. ... MD.</u>		22b. ADDRESS <u>607 N. Grand</u>	
22c. DATE SIGNED <u>6-18-52</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-19-52.</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Formandy, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 19 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son, Inc.</u>		ADDRESS <u>2161 E. Fair Ave.</u>	

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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

NOT EMBALMED

Signed *Matthew M. Schoen*.....

Licensed Embalmer No. ....

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.