

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29869
State File No.

FILED SEP 3- 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7930

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY 22 19
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 27 1816 Carr. St.

3. NAME OF DECEASED
a. (First) Eliza b. (Middle) _____ c. (Last) Owens

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 19 1952

5. SEX F. 3

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow. 2

8. DATE OF BIRTH Sept. 10, 1892

9. AGE (In years last birthday) 59

10. F UNDER 1 YEAR Months _____ Days _____
11. F UNDER 1 YEAR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work.

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Gillmoore Texas

12. CITIZEN OF WHAT COUNTRY? U.S. civ

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Adams Owens Dead

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. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosie Lee Beasley 1816 Carr. St.

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) Cerebral Vascular Disease
ANTECEDENT CAUSES
DUE TO (b) Undetermined
DUE TO (c) Malnutrition
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Undet.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 334.8

22. I hereby certify that I attended the deceased from 8-18, 19 52, to 8-19, 19 52, that I last saw the deceased alive on 8-19, 19 52, and that death occurred at 10:30p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edna E. Brakes, M. D. O.

23b. ADDRESS 2601 N Whittier St

23c. DATE SIGNED 8-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) _____

24b. DATE 8-23-52

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) (State) St. Louis County Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 20 1952

REGISTRAR'S SIGNATURE J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Guswong 2930 Dickson St

WRITE PLAINLY—USING UNFAADING 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. Hilliard

Signed
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.