

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40578

State File No. ....  
Registrar's No. **10673**

FILED DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2212</b>	
		d. STREET ADDRESS (If rural, give location) <b>21 618 N. Channing Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Andrew</b>	a. (First)	b. (Middle)	c. (Last) <b>Owens</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 15 1952</b>
--	------------	-------------	---------------------------	--

5. SEX <b>Male</b> <b>2</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>April 5 1910</b>	9. AGE (in years last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b>	IF UNDER 24 HRS. Min.
--------------------------------	--------------------------------	---	---	--	---------------------------------------	---------------------------------------	--	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Produce</b>	11. BIRTHPLACE (State or foreign country) <b>Natchez Miss</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	--	---

13a. FATHER'S NAME <b>Perry Owens</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Williams</b>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W. # 2</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Marion Jones</b>	ADDRESS <b>618 N. Channing Ave.</b>
--	-------------------------	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	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. <b>Lobar Pneumonia</b>		

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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>490X</b>
---	--	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **530 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert G. Taylor</b>	(Degree or title)	23b. ADDRESS <b>1300 Clark Ave</b>	23c. DATE SIGNED <b>11/17/52</b>
---	-------------------	---------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov. 24, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
---	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>NOV 20 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.H. Randle &amp; Son</b>	ADDRESS <b>3133 Bell Ave</b>
--	---	--	---------------------------------

L.P. (Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Howard F. Lombard

Licensed Embalmer No. 3124

P. O. Address To Lewis Mo

**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.