

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23073**
Registrar's No. **5534**

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2937 Dayton	

3. NAME OF DECEASED (Type or Print)	a. (First) Louis (Lewis)	b. (Middle) Frank	c. (Last) Owens	4. DATE OF DEATH (Month) (Day) (Year)	May 31 1953
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1924	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Majestic Theatre	11. BIRTHPLACE (State or foreign country) Newport, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Elvin Owens	13b. MOTHER'S MAIDEN NAME Bertha Baker	14. NAME OF HUSBAND OR WIFE Grace Owens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W W II	16. SOCIAL SECURITY NO. WW II	17. INFORMANT'S SIGNATURE OR NAME Bertha Risk	ADDRESS 211N. 1st St
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Gastroenteritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Dehydration and anemia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 5711
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22. I hereby certify that I attended the deceased from **5-30**, 1953, to **5-31**, 1953, that I last saw the deceased alive on **5-31**, 1953, and that death occurred at **5:15p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Adna E Brooks (Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 6-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-3-53	24c. NAME OF CEMETERY OR CREMATORY Broken Washington	24d. LOCATION (City, town, or county) (State) Esthonia Ill
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DATE REC'D BY LOCAL REG. JUN 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE C. T. Nash	ADDRESS 111 N. 13 St. E. St. Louis, Ill
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WRITE PLAINLY—USING UNFADEING 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 _____

C. J. Nash

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

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.