

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33829

9064

BIRTH NO. _____		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 MO b. COUNTY _____			
b. CITY OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 5603 1/2 JULIAN			
3. NAME OF DECEASED (Type or Print)		a. (First) Jesse		b. (Middle) James		c. (Last) Owens	
4. DATE OF DEATH		(Month) 9/16		(Day) 53		(Year) 53	
5. SEX M 2		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH 1-19-1903	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Miss 1		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Owens		13b. MOTHER'S MAIDEN NAME Lizzie - Link		14. NAME OF HUSBAND OR WIFE LINK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME JAMES OWENS		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart failure ANTECEDENT CAUSES DUE TO (b) Chronic heart failure DUE TO (c) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hours 9 months 20 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 420.0			
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? _____			
22. I hereby certify that I attended the deceased from 9 - 15, 1953, to 9 - 16, 1953 , that I last saw the deceased alive on 9 - 16, 1953 , and that death occurred at 3:25 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE S. J. Vanillein M.D. M. D. O.				23b. ADDRESS _____		23c. DATE SIGNED 9/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-21-53		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) BARNES HOSPITAL MO	
DATE REC'D BY LOCAL REG. SEP 19 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE F. McClenon 4535 Washington			

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.....
Signature of Student Embalmer

Signed *John R. Cunningham*

Licensed Embalmer No...447

P. O. Address 4223 *Cum*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No. 33829
Local Registrar's No. 9061

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of Sept., 1953, before me appears T. McClendon, Undtk., who, upon his oath, states that the original record of ^{birth} death for Jesse James Owens ^{died} ~~Sept. 16~~ Sept. 16, 1953, in the State of Missouri, and which was filed at St. Louis, Mo. on 9-19-, 1953 should be corrected as follows:

- Item No. 3 should read Jesse James Owens
Instead of Jessie James Owen
- Item No. 17 should read James Owens
Instead of James Owen
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant T. McClendon Undtk.
Relationship.

4535 Washington, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 30th day of Sept., 1953.

My Commission expires 3-4-57 Ella C. Paddock Notary Public.

