

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34667

State File No. ....

FILED OCT 27 1953

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2748

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROBERTSON</u>	c. LENGTH OF STAY (in this place) <u>7 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Kinloch Park</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Josephine Yates Nursing Home, St. Louis County Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>426 Lix Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>OWENS</u> c. (Last) <u>OWENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4, 1916</u>
9. AGE (In years last birthday) <u>37</u>	10. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Aliceville, Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Tom Owens</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Barner</u>	14. NAME OF HUSBAND OR WIFE <u>Roland Gardner</u>
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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. <u>416-05-8736</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Owens</u> ADDRESS <u>426 Lix Ave.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the cervix with</u>		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) <u>generalized metastases.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS† Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>171X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from 1-16, 1953, to 8-28, 1953, that I last saw the deceased alive on 8-28, 1953, and that death occurred at 4:22 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edmund R. Threlk M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton</u>	23c. DATE SIGNED <u>9/2/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Aliceville, Alabama</u>
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DATE REC'D BY LOCAL REG. <u>9/2/53</u>	REGISTRAR'S SIGNATURE <u>Herbert J. Tomke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Wade Granberry</u> ADDRESS <u>4202 Finney A</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Melvin E Green

Licensed Embalmer No. 4428

P. O. Address St Louis

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.