

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1783

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton
c. LENGTH OF STAY (in this place) 12 1/2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Pagedale
d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED (Type or Print)
a. (First) Roy b. (Middle) L. c. (Last) Owens
4. DATE OF DEATH (Month) (Day) (Year) 8/1/55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH May 19 1896 9. AGE (In years last birthday) 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Polisher
10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (City and State or Foreign Country) Ark.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Owens 13b. MOTHER'S MAIDEN NAME Margaret Adams 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dolcy Garsa 7552 Page Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism
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 Anteriorly heart disease & cardiac decompensation and pneumonia

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 8-1, 1955, to 8-1, 1955, that I last saw the deceased alive on 8-1, 1955, and that death occurred at 1:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/4/55 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 8/2/55 REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark Funeral Home Inc. 1125 Hodiamont Ave.

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 *V E Morris*.....

Licensed Embalmer No. *336*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.