

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11226**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2188**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 3150a Halliday Ave.		e. STREET ADDRESS (If rural, give location) 16 3150a Halliday Ave. 21670	
3. NAME OF DECEASED (Type or Print)		a. (First) MARY	b. (Middle) ESTELLA
		c. (Last) OWEN	4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 21, 1869
9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher-St. Louis Public Schools		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Martin Owen	13b. MOTHER'S MAIDEN NAME Susan Whitmore
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) No	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Melba Funsch		18. ADDRESS 1103 Bates St.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) auricular fibrillation ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiac-Vascular Disease DUE TO (c) Rheumatoid arthritis 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 443x	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)	
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 2/24, 1956 , to 2/28, 1956 , that I last saw the deceased alive on 2/28, 1956 and that death occurred at 5:45P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. F. Bergman M.D.		23b. ADDRESS 3720 Washington	23c. DATE SIGNED 3/1/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 2, 1956	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. MAR 1 1956	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauer 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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

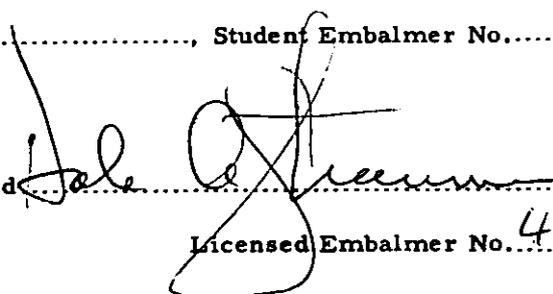
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 45.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.