

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19058

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1174

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4713	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 527 Woodard Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) E. c. (Last) OWEN			4. DATE OF DEATH (Month) (Day) (Year) May 7, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 18, 1900		9. AGE (In years last birthday) 55		10. BIRTHPLACE (State or foreign country) Bedford, Ind.	
11. BIRTHPLACE (State or foreign country) Bedford, Ind.		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Belbert Owen	
13a. FATHER'S NAME Belbert Owen		13b. MOTHER'S MAIDEN NAME Ethel Christy		14. NAME OF HUSBAND OR WIFE Anabel Owen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-05-8203		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anabel Owen, 527 Woodard Dr., Kirkwood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obliterating arteriosclerosis of abdominal aorta		ANTECEDENT CAUSES			DUE TO (b) Generalized Arteriosclerosis
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 Obliteration of abdominal aorta
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE none		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) 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 May 3, 1956, to May 7, 1956, that I last saw the deceased alive on May 6, 1956, and that death occurred at 10:00 A.M., from the causes and on the date stated above.		23a. SIGNATURE Frank J. Catanzaro M.D. (Degree or title) C	
23b. ADDRESS 206 N. Clay, Kirkwood, Mo.		23c. DATE SIGNED 5/8/56		24a. BURIAL, CREMATION, REMOVAL Removal	
24b. DATE 5/9/56		24c. NAME OF CEMETERY OR CREMATORY Green Hill Cemetery		24d. LOCATION (City, town, or county) (State) Bedford, Ind.	
DATE REC'D BY LOCAL REG. 5-9-56		REGISTRAR'S SIGNATURE Herbert R. Dombey M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Papp, Inc. Kirkwood	

(Licensee's Statement on Reverse Side)

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

*Felix Duval*

Licensed Embalmer No.

3034

P. O. Address

*Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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