

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10845

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1866

1. PLACE OF DEATH a. COUNTY <u>City</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, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Normandy</u> <u>4000</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>32</u> HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			Length of stay in lb <u>5</u> days		d. STREET ADDRESS (If outside, give location) <u>27</u> <u>7649 Belwood Dr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>MR. SAMUEL HOXIE OWENS</u> First Middle Last				4. DATE OF DEATH <u>Feb. 22, 1957</u> Month Day Year			
5. SEX <u>0 M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 13, 1883</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mehry Co.</u>		11. BIRTHPLACE (City and state or country) <u>Rewey, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Benjamin Franklin Owens</u>				14. MOTHER'S MAIDEN NAME <u>Wife's name: unknown / Bertha Owens</u>			
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>490-01-6419</u>		17. INFORMANT <u>Norman V. Owens 6435 Lindenwood Pl. (9)</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> <u>Generalized arteriosclerosis</u> <u>Generalized atherosclerosis</u> <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Coronary thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes mellitus</u> <u>Diabetes Mellitus</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>?</u> <u>6 days</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Feb. 16, 57</u> to <u>Feb. 22, 57</u> and last saw <u>him</u> alive on <u>Feb. 22, 1957</u> Death occurred at <u>5:30P:</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Edwin P. Meiners</u> (Type or print) <u>Edwin P. Meiners M.D. M.D.</u>				22b. ADDRESS <u>6651 Knright</u> <u>6651 Knright Ave</u>		22c. DATE SIGNED <u>2-23-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Feb. 25, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
24. FUNERAL DIRECTOR <u>Alexander & Sons, Inc. 6175 Delmar Bl.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>FEB 25 '57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

Dr. Ed. P. Meiners

6651 Enright after 1 P.M.

Pa. 15092

5915 Pershing

Pa 17374

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 *jos. E. McCulloh*

Licensed Embalmer No. 246

P. O. Address 6175P

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.