

FILED MAR 29 1957

STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

10846

2090

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Moline		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital			Length of stay in 1b 3 hours		d. STREET ADDRESS (If outside, give location) 10040 Lord Drive		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Tillman			First Middle Last E Owens		4. DATE OF DEATH Month Day Year Feb. 27th 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 1 1906		9. AGE (In years last birthday) 50	
					IF UNDER 1 YEAR	IF UNDER 24 HRS.	
					Months	Days	Hours
					Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Car Co		11. BIRTHPLACE (City and state or country) Washington County, Mo 0		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Owens				14. MOTHER'S MAIDEN NAME Mintie Parkins			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Mrs. Estelle Owens, 10040 Lord Drive		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction previous myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocardial infarction DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							INTERVAL BETWEEN ONSET AND DEATH 1 day 1 yr
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
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 Sept 1952 to Feb 1957 and last saw her alive on 2/22/57 Death occurred at 5:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. D. Johnson (Degree or title) H. D. Johnson				22b. ADDRESS Ferguson, Mo		22c. DATE SIGNED 3-1-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar 4 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)		
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair				25. DATE RECD. BY LOCAL REG. MAR 2 '57		26. REGISTRAR'S SIGNATURE J. C. Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Recording the medical certificate

9.21

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 *Walter G. Burnley*.....

Licensed Embalmer No. *420*

P. O. Address *S. H. Owen*

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.