

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

STATE FILE NUMBER **2210660-008703**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2210660-008703**

3-10-60 nhs

Carrie Owen

Virginia Owen

17

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Incarinate Wd. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>4851 Nebraska</b>	

3. NAME OF DECEASED (Type or print) First <b>Edwin</b> Middle <b>C.</b> Last <b>Owen</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>21</b> Year <b>1960</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 17, 1907</b>	9. AGE (last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Salesman</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Edwin C. Owen</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Schumacher</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia Carrie Owen</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. VINCENNY ADDRESS <b>Carrie Owen 4851 Nebraska</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial asthma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>241X</b>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year
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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
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21. I attended the deceased from **Feb 15 60** to **Feb 21/60** last saw her/him alive on **Feb 20 60**.  
Death occurred at **630 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) <b>J. Schumeway M.D.</b>	21b. ADDRESS <b>202 C So 9th St</b>	21c. DATE SIGNED <b>2/23/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>2-24-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Co.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Southern Funeral Home 6322 S. Grand, St. Louis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 23 1960</b>	26. REGISTRAR'S SIGNATURE <b>Keal Smith M.D.</b>
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2210660

Dr. Schindewolf  
2028 S 9th  
130 tel 4

Dr 6-5669

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242  
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.