URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-028680
STATE FILE NUMBER

FILED VS JUL 22 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6780

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Homer G. Phillips Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 780a Bayard Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Reginald Middle Jackson Last Owens
4. DATE OF DEATH: Month July Day 3, Year 1960
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-1-32
9. AGE (last birthday): 27
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Louis, Mo.,
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jack Owens
13b. MOTHER'S MAIDEN NAME: Ora Patton
14. NAME OF HUSBAND OR WIFE: - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ora Tate Address: 1231 Bayard Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest; Acute diffuse peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Traumatic) Time, Place cause and manner
DUE TO (c) of same could not be determined Open Verdict
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
9369-48
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Open Verdict
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) (See above)
20c. TIME OF INJURY Hour a.m. p.m. ? Month, Day, Year ? 00 333 ?
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ ?
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ?
20f. CITY, TOWN, OR LOCATION ? COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Paul Simon (Degree or Title) Coroner
22b. ADDRESS: Zoo Clark
22c. DATE SIGNED: 7/6/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/8/60
23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.,
24. FUNERAL DIRECTOR: G. Wade Granberry ADDRESS: 4202 Finney Ave.
25. DATE RECD. BY LOCAL REG.: JUL 6 1960
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D. MJB

(Licensed Embalmer'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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Edward a Flynn
Signature of Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Av

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