

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (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</b>		Length of stay in 1b	
c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) <b>2510 Dodier St.</b>	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>FRED</b> Middle      Last <b>OWERMANN</b>			<b>4. DATE OF DEATH</b> Month <b>Dec.</b> Day <b>8,</b> Year <b>1960</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>3-1-91</b>	<b>9. AGE (last birthday)</b> <b>69 yrs.</b>	IF UNDER 1 YEAR Months      Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>formerly: Gardener</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>		<b>13a. FATHER'S NAME</b> <b>Rudolph Owermann</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna (Bruer)</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>--</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>17. INFORMANT</b> <b>Anna Windmoeller, 8105 Parkwood, Dr</b>		<b>17. ADDRESS</b>			

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Lobar Pneumonia</b>			
DUE TO (b) <b>Cerebral Vascular Accident</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (c) <b>331XA</b>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Old Pulmonary tuberculosis - A.S.H.D.</b>		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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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
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<b>20c. TIME OF INJURY</b> Hour      Month, Day, Year a.m.      p.m.			
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY      STATE
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**21. I attended the deceased from** **March 5, 1920** to **Dec. 8, 1960** and last saw <sup>him</sup> alive on **Dec. 8, 1960**  
 Death occurred at **7:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.  
**Thomas Thale, M.D.**

<b>22a. SIGNATURE</b> <i>Thomas Thale MD</i>	(Degree or title)	<b>22b. ADDRESS</b> <b>5400 Arsenal St.</b>	<b>22c. DATE SIGNED</b> <b>12-9-60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>23b. DATE</b> <b>12/12/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>New St. Marcus</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>John L. Ziegenhein &amp; Sons, 7027 Gravois</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>DEC 12 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Loal Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Donald Benz

Licensed Embalmer No. 27563

P. O. Address St Louis

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