

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7896

1. PLACE OF DEATH

County St. Louis Registration District No. 786
Township Central Primary Registration District No. 4469
City Maplewood (No. 2640 Roseland Terrace Ward)

File No.
Registered No. 7 St. Ward)

2. FULL NAME Alexander Hamilton Owen

(a) Residence, No. 2640 Roseland Terrace Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>----- Bachelor-----</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 27, 1858</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>4</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railway Express messenger</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Steam railway Mobile & Ohio Ry.</u>		
10. Date deceased last worked at this occupation (month and year) <u>Feb. 28, 1933</u>		
11. Total time (years) spent in this occupation <u>45</u>		

12. BIRTHPLACE (CITY OR TOWN) Waterloo, Monroe County, Illinois
(STATE OR COUNTRY)

13. NAME Harrison Green Owen

14. BIRTHPLACE (CITY OR TOWN) Monroe County, Illinois
(STATE OR COUNTRY)

15. MAIDEN NAME Johanna Duffree

16. BIRTHPLACE (CITY OR TOWN) Monroe County, Illinois
(STATE OR COUNTRY)

17. INFORMANT Miss Claudia Owen, (sister)
(ADDRESS) 2640 Roseland Ter, Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery
PLACE Kirkwood, Mo. DATE Mar. 3, 1933

19. UNDERTAKER Alvin W. McLaughlin
(ADDRESS) Webster Groves, Missouri

20. FILED 3/2 1933 Mercedes Chevrolet

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, about 9 P.M.

The principal cause of death and related causes of importance were as follows:
Cause of death under post mortem
acute dilatation of heart.
Pulmonary edema. Chr. Myocarditis
General atheria sclerosis.

Other contributory causes of importance:
My the jury find this a case of heart attack or disease which is usual to find at this age of life.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Jake B. Turner, M. D.
Dr. J. B. Turner, 371 E. Jennings, Rd.
St. Louis, Mo. 3/2/33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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THIS IS A PERMANENT RECORD

