

MAY 7 1936

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

Do not use this space.

13510

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **City Superior**) St. Ward

File No.
Registered No. **4646**
St. Ward

2. FULL NAME

William R. Owenby
(a) Residence, No. **5200 Arsenal** St. **Ward 13**
(Usual place of abode) **City Superior** (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **35** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30-1855		
7. AGE	YEARS	MONTHS
55 80	7	7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newsboy		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clerk		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia		
13. NAME William Owenby		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia		
15. MAIDEN NAME Nancy Ann Warner		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia		
17. INFORMANT (ADDRESS) G. Molony, 5200 Arsenal St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 4-14-36		
19. UNDERTAKER (ADDRESS) Walter Richter, 3500 Rutger St		
20. FILED APR 28 1936 J. P. Predeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 31, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **January 19, 1933, to March 31, 1936**
I last saw him alive on **March 31, 1936** Death is said to have occurred on the date stated above, at **9:20 a.m.**
The principal cause of death and related causes of importance were as follows:
Cardio-renal-vascular disease

Other contributory causes of importance: **131**

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) **O. J. Smith**, M. D.
(Address) **5200 Arsenal St. St. Louis, Mo.**

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.

WHILE PLAINLY, WITH EMPHASIS, THE IMPORTANCE OF THIS RECORD

