

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

37217
Do not use this space.

REC'D DEC 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **1003**
(b) Township Primary Registration District No.
(c) City **St. Louis, Mo.** (d) Street No. **City Hospital** St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

530 Thomas H. Owens
(a) Residence, No. **3144a Rolla Pl.** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Owens**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17, 1870**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **68 3 14**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machinist**
9. Industry or business in which work was done, as saw mill, bank, etc. **Barry Wehmiller**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Connecticut**

FATHER 13. NAME **John Owens**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wales** 4

MOTHER 15. MAIDEN NAME **Agnes Baird**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland** 4

17. INFORMANT (ADDRESS) **Anna Owens**
3144a Rolla Pl

18. BURIAL, CREMATION, OR REMOVAL **Indianapolis Ind** DATE **11/3/38** 19

19. FUNERAL DIRECTOR (ADDRESS) **Edith E. Ambruster**
4234 Manchester

20. FILED **NOV 2 1938** 19 **J. T. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/31/38** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 8 1938** to **Oct 31 1938**

I last saw him alive on **Oct 30 1938**. Death is said to have occurred on the date stated above, at **1 P.** m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Hypertension
Date of onset

Other contributory causes of importance:

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? **no**

If so, specify (Signed) **E. H. Killeen** M. D.
(Address) **31217 Grand Island**

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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Florenz Eynck

Licensed Embalmer No. 1284

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.)