

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 216

1. PLACE OF DEATH: 1003

(a) County \_\_\_\_\_

(b) City or town St. Louis MO 1

(c) Name of hospital or institutions BARNES HOSPITAL

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days

(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 520

3. (a) PRINT FULL NAME Thomas Augustine Owens

8. (b) If veteran, name war

8. (c) Social Security No. 702-12-7382

4. Sex m

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 14 1885

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 2 25 hr. min.

9. Birthplace Potosi MO

(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business FRISCO R.R.

MOTHER FATHER { 12. Name Michael Owens 0

13. Birthplace Potosi MO 0

(City, town, or county) (State or foreign country)

14. Maiden name Ellen Owens

15. Birthplace Potosi MO

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agnes Schluter

(b) Address 9117 - Shelby Overland MO.

17. (a) Removal for burial (b) Date thereof 1-12-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POTOSI, MO.

18. (a) Signature of funeral director James J. Probst

(b) Address 2504 Woodson Overland, MO.

19. (a) JAN 9 1940 (b) J. Probst

(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MO. (b) County \_\_\_\_\_

(c) City or town St. Louis 3

(If outside city or town limits, write "RURAL")

(d) Street No. 2042 Marquette

(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8

year 1940 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from 12-4-39, 1939, to Jan-8, 1940

that I last saw him alive on Jan-8, 1940.

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus - Duration 3 min -

Due to post-operative

Due to Carcinoma of lung

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of lung left

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Henry J. Probst (M.D. or other) MD

Address BARNES HOSPITAL Date signed 1-8-40

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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address 256 Woodson Rd Ocala

**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.)**

**If this body is not embalmed, above space should be left blank.**