S. No. 2
—11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36781

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9054

FILED DEC 1 1940

1. PLACE OF DEATH:

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community One hour

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 5 (If outside city or town limits, write "RURAL")

(d) Street No. 925 Beaubien Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Bertha Owens

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sam Owens

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October (Month) 16 (Day) 1882 (Year)

8. AGE: Years 58 Months 1 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Canada (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER · FATHER

12. Name Patrick Gann

13. Birthplace Unknown (City, town or county) (State or foreign country)

14. Maiden name Sarah Gripp

15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Kelly

(b) Address 7649 Bellwood Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Bellefontaine Cemetery~~ Valhalla

18. (a) Signature of funeral director Chas. A. Bell

(b) Address 4457 Washington Blvd.

19. (a) NOV 4 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd year 1940 hour minute 6:00 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage (Duration) from Ruptured Spleen

Due to Traumatic suffered on Occasion and Between

Due to Truck Sedan driven by one J. S. Berry and Chev. Truck driven by Sam Owens and Chev Coupe driven by Robert Thomas

Other conditions (Include pregnancy within 3 months of death) on Highway #25 six miles

Major findings: Exploration Exploratory Laparotomy 500 P.M. 11/1/40

Of accident and manner of injury Coal Yard Accident Delivering

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) Jury Verdict

(b) Date of occurrence 11/1/40

(c) Where did injury occur? Gates Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work (e) Means of injury

23. Signature (M. D. or other) Deputy Coroner

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John Letter

Licensed Embalmer No. 3880

P. O. Address.....

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.