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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8793

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2203

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firmin Desloge Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 000 17

(d) Street No. 5206 Wren Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 48 Years 0 years.

3. (a) PRINT FULL NAME James P. Owens

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary (Whalen) Owens

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December 6, 1880 (Month) (Day) (Year)

8. AGE: Years 60 mo. Months 3 Days 2 If less than one day hr. min.

9. Birthplace Liverpool England (City, town, or county) 4 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER

12. Name Patrick Owens

13. Birthplace England (City, town, or county) 4 (State or foreign country)

14. Maiden name Catherine Roe

15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mary Whalen

(b) Address 5206 Wren Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, '41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Bromschwig Und. Co.

(b) Address 4740 W. Florissant Ave.

19. (a) MAR 10 1941 (Date received local registrar) (b) J. F. Bledsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 1941 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 20 Jan 20, 1940 to Act of deceased, 19 ; that I last saw him alive on Mar 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum — Duration 1 yr

Due to

Due to Heart Failure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca. of Rectum

Of autopsy Pneumonia Lung Congestion

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address 727 [illegible] Date signed May 10-41

(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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.