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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

8885
2295

State File No. _____
Registrar's No. _____

Registration District No. 791
Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Faye Owings
3. (b) If veteran, name war no
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 Ralph C. Owings
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 29 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 12 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business none

MOTHER FATHER { 12. Name Ruben Darlington
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Jordan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph C. Owings

(b) Address 2136 Nebraska

17. (a) burial (b) Date thereof 3-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cemetery

18. (a) Signature of funeral director A. Centralia, Mo. Co

(b) Address 2707 North Grand Bly'd

19. (a) MAR 13 1941 (b) J. F. Burchak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00023
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2136 Nebraska Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11,
year 1941 hour 9:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 20, 1941 to March 11, 1941;
that I last saw h er alive on March 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute peritonitis
Duration 6 days

Due to Carcinoma of sigmoid spleenic flexure of colon
Due to _____

Other conditions 6 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of large colon & bowel obstruction
Of autopsy Peritonitis - Chotomy that was working
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 0

23. Signature R. Robinson (M. D. or other) 1
Address 1515 Lafayette Ave. Date signed 3/12/41

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

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

Paul H. Revell

Licensed Embalmer No. *9831*

P. O. Address *1207 N. Elm*

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

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