

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2964  
Registrar's No. 62

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: St Marys Infirmary  
(d) Length of stay: In hospital or institution 3 hours  
In this community 3 hours

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ill. (b) County St Clair  
(c) City or town Brooklyn  
(d) Street No. 403 Madison St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME THOMAS. OWENS  
3. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 10 1889

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 2 year 1947 hour 1 minute A.M.  
21. I hereby certify that I attended the deceased from Dec 30 to Jan 1 1947  
that I last saw him alive on Jan 1 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lobar pneumonia Duration 3 days

8. AGE: Years 63 Months 0 Days 22 If less than one day hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Texas  
10. Usual occupation Retired  
11. Industry or business laborer  
12. Name unknown  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown

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

16. (a) Informant Mary Mumbert  
(b) Address 403 Madison Brooklyn Ill  
17. (a) Removal (b) Date thereof Jan 4 1947  
(c) Place: burial or cremation East St Louis Ill  
18. (a) Signature of funeral director J. Marshall  
(b) Address 2205 Mo East St Louis Ill  
19. (a) JAN 4 - 1947 (b) J. F. Bredeck

22. (c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
3. Signature Sheikh (M. D. or other) \_\_\_\_\_  
Address 1037 Jee Date signed 1-2-47

(Licensed Embalmer's Statement on Reverse Side)

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

0  
7  
9

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 me

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

Signed Ben. W. Baldwin

Licensed Embalmer No. 2420

P. O. Address. P. H. Lewis D.D.S.

**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, fact should be so stated above.