S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15510

Registration District No. #70189 318 Primary Registration District No. 1003 Registrar's No. 4508

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-Max C. Starkloff Memorial
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3624 N. 11th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MELVIN OWENS

3. (b) If veteran, name war None

3. (c) Social Security No. 489-01-5273

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances L. Owens nee David

(c) Age of husband or wife if alive 25 years

7. Birth date of deceased October 24, 1914
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
32	6	8	hr. min.

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

10. Usual occupation Chemist

11. Industry or business

FATHER
12. Name James H. Owens
13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Jett
15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frances Owens
(b) Address 3624 N. 11th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/47 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) MAY 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1947 hour 11:25 minute A M.

21. I hereby certify that I attended the deceased from 4/10/47, 19..., to May 2nd, 19 47 that I last saw him alive on May 2nd, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis for advanced	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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 K. D. Gregory M.D. Address 1515 Lafayette Date signed 5/2/47

Jefferson City Printing Co.

(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 Gustav W. Dietle

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

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.