

No. 3000  
1-10-47  
5-17-39  
I 3906

FILED FEB 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:  
(a) County: St. Louis Mo.  
(b) City or town: Webster  
(c) Name of hospital or institution: 1533 Webster  
(d) Length of stay: In hospital or institution. (Specify whether)

3: (a) PRINT FULL NAME: Marcus Owens.  
3. (b) If veteran, name war.  
3. (c) Social Security No.

4. Sex: Male  
5. Color of race: Negro  
6. (a) Single, widowed, married, divorced, or single: Single  
6. (b) Name of husband or wife: None  
6. (c) Age of husband or wife if alive: None  
7. Birth date of deceased: 12-23-1899 (Month) (Day) (Year)

8. AGE: 48 Years 1 Month 17 Days If less than one day hr. min.

9. Birthplace: Jacks Dale Miss. (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Lumber

12. Name: Mary 9

13. Birthplace: Webster Miss. (City, town, or county) (State or foreign country)

14. Maiden name: Mary 9

15. Birthplace: Webster Miss. (City, town, or county) (State or foreign country)

16. (a) Informant: Berdella Smith  
(b) Address: 1533 a Webster

17. (a) REMOVED (b) Date thereof: FEB 6 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Jacks Dale Miss  
(d) Signature of funeral director: J. J. [unclear]  
(e) Address: 2624 [unclear]

19. (a) FEB 6 1948 (Date received local registrar)  
(b) J. J. [unclear] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Mo. (b) County: [unclear]  
(c) City or town: Webster  
(d) Street No.: 1533 Webster  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: 1948 JAN 30 day 4 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 19... to 19...  
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Labor Pneumonia  
Due to:  
Due to:  
Other conditions: (Include pregnancy within 3 months of death) 105

Major findings:  
Of operations:  
Of autopsy:  
Duration:  
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) White at work? (e) Means of injury: 3  
23. Signature: Arthur E. [unclear] (M. D. or other)  
Address: [unclear] Date signed: 2/6/48

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**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 Ralph W. Henson

Licensed Embalmer No. 3791

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.**