

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21887

State File No. 5021

FILED JUN 22 1950

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>6 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WEBSTER GROVES 19</b>		d. STREET ADDRESS (If rural, give location) <b>11 MASON AVE. 4537</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELBERT</b> b. (Middle) <b>BRITTON</b> c. (Last) <b>OWEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 6 1950</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MARCH 5 1880</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. <b>70 3 7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DENTIST</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ARLINGTON Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOHN OWEN</b>			13b. MOTHER'S MAIDEN NAME <b>FRANCES WRAY</b>		14. NAME OF HUSBAND OR WIFE <b>EMMA HUNTZE OWEN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma Owen 11 Mason Ave N.E. Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis &amp; Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <b>days</b> <b>?</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>0</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H/201</b>			
22. I hereby certify that I attended the deceased from <b>Feb</b> , 19 <b>50</b> , to <b>6/6</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>6/5</b> , 19 <b>50</b> , and that death occurred at <b>7:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Mittelsberg M.D.</b>				23b. ADDRESS <b>539 N. Grand</b>		23c. DATE SIGNED <b>6/7/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 8, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAKHILL Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 7 1950</b>		REGISTRAR'S SIGNATURE <b>J B Fowler</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MITTELSBERG FUNERAL HOME</b> <b>WEBSTER GROVES 19 Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1938

*Shelley*

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 MR

working under my personal supervision.

Student Embalmer No.....

Signed *W. Wilkinson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

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.