

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43713
State File No. ~~43713~~

FILED MAR 8 1951

BIRTH NO. 70966-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2687

4002
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KINLOCH</u> | |
| c. LENGTH OF STAY (In this place) <u>1</u> | | d. STREET ADDRESS (If rural, give location) <u>SCHUDDER AVE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u> | | | |

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|---|---------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY BOY</u> b. (Middle) <u>OWENS</u> c. (Last) <u>OWENS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 29 50</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>C</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>10-29-50</u> | 9. AGE (In years last birthday) <u>7</u> | IF ORDER IN YEARS Months <u>30</u> Days <u>13</u> Hours <u>0</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>AMER.</u> | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>REBECCA OWENS</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>St. L. Co. Hsept. Records.</u> | |

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|--|--|-----------------------|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Quinria</u> | | ANTECEDENT CAUSES | | | 7730 |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) | | | |
| | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 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) | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 10-29 19 50 to 10-29 19 50, that I last saw the deceased alive on 10-29 19 50, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>601 S. BRENTWOOD CLAYTON</u> | | 23c. DATE SIGNED <u>11-7-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u> | | 24b. DATE <u>2-21-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS CREMATORY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>St. Louis County Hosp Clayton Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-8-50</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.