

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14567

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4189

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN Foster Township	
c. LENGTH OF STAY (in this place) One da.		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp		d. STREET ADDRESS Alton, R.R.#1	

3. NAME OF DECEASED (Type or Print) a. (First) SEABORN b. (Middle) Esley c. (Last) OWENS			4. DATE OF DEATH (Month) (Day) (Year) May 1 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Owens	13b. MOTHER'S MAIDEN NAME Icy Sanders	14. NAME OF HUSBAND OR WIFE Pearl Owens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 702-12-7442	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Fred L. Owens 3521 Omega Alton, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3.5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) etc. Lymphatic Leukemia		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 20 ft. 0

22. I hereby certify that I attended the deceased from 4-30, 1951, to 5-1, 1951, that I last saw the deceased alive on 5-1, 1951, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Huckstep M.D. (Degree or title)	23b. ADDRESS 1755 So. Grand	23c. DATE SIGNED 5-1-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery	24d. LOCATION (City, town, or county) (State) Alton, Madison Co Illinois
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DATE REC'D BY LOCAL REG. 1951 MAY 3	REGISTRAR'S SIGNATURE J B Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert H. Streep Alton, Ill.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Robert H. Streepes

Signed.....

Student Embalmer

Licensed Embalmer No. *2474*

P. O. Address *Alton, Ill.*

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.