

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14632

S. No. 300
V. 10.48

FILED APR 25 1952

State File No. 1003 Registrar's No. 3468

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3468	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4367 Enright Ave.			
3. NAME OF DECEASED (Type or Print) Rev. Malachi Owens			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 9 1952	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH March 1-1874		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 1 Months 8 Days	IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Minister		11. BIRTHPLACE (City and State or Foreign Country) Searcy, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME James Owens		13b. MOTHER'S MAIDEN NAME Lidia Brown		14. NAME OF HUSBAND OR WIFE Alvena Owens			
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. None		17. INFORMANT'S SIGNATURE OR NAME Alvena Owens ADDRESS 4367 Enright			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Undetermined II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H43-X					
22. I hereby certify that I attended the deceased from 4-4 , 19 52 , to 4-9 , 19 52 , that I last saw the deceased alive on 4-9 , 19 52 , and that death occurred at 9:17a m., from the causes and on the date stated above.							
23a. SIGNATURE Lorena W. Harrison (Degree or title) M.D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 4-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-11-1952	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
DATE REC'D BY LOCAL REG. APR 12 1952		REGISTRAR'S SIGNATURE E. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE A.L. Beal, Und. Co. ADDRESS 4303 Delmar			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leroy U. Bamister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave

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.