

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26189

State File No.

BIRTH NO. _____ REC. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6400**

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		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3833 Folsom Avenue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
d. STREET ADDRESS 3833 Folsom Avenue		d. STREET ADDRESS (If rural, give location) 3833 Folsom Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) C. Owen	
c. (Last) Owen		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10, 1866
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 7	IF UNDER 2 HRS. Days 20 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Medical Profession	
11. BIRTHPLACE (State or foreign country) Owensville Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Francis Owen		13b. MOTHER'S MAIDEN NAME Elizabeth Branson	
14. NAME OF HUSBAND OR WIFE Lillian Branson Owen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Lillian Branson Owen		ADDRESS 3833 Folsom Ave	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis - Chronic</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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? 4222			
22. I hereby certify that I attended the deceased from <u>June 1950</u> , to <u>6-17</u> , 1952, that I last saw the deceased alive on <u>6-17</u> , 1952, and that death occurred at <u>11:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John Alexander</u>		(Degree or title)	
23b. ADDRESS <u>1504 So. Grand Ave.</u>		23c. DATE SIGNED <u>7-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-52	
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. JUL 3 1952		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Thuan</u>		ADDRESS 1519 S Grand Ave.	

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

(Licensed Embalmer's Statement on Reverse Side) Iron

AUG 2 1 1952

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 J. W. McKinley
Licensed Embalmer No. 3653

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.