

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26574

State File No. _____
Registrar's No. 2054

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		State File No. _____		Registrar's No. <u>2054</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)							
a. COUNTY <u>St Louis County</u>				a. STATE <u>Missouri</u>		COUNTY <u>St Louis</u>		(admission) <u>4577</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton Mo</u>				c. LENGTH OF STAY (If in place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves 57 1</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>231 E Kirkham</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>George</u>			b. (Middle) <u>Owens</u>			c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) <u>July 29th 1952</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>Colored</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>July 27-1863</u>			9. AGE (In years last birthday) <u>89</u>			IF UNDER 1 YEAR Months _____ Days _____			IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Fish merchant</u>				11. BIRTHPLACE (State or foreign country) <u>Webster Groves Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Banford Owens</u>				13b. MOTHER'S MAIDEN NAME <u>Elsie Owens</u>				14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carrie L Terry (Daug) 5036 Cabanne</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES <u>Broncho-pneumonia</u>						DUE TO (b) _____ <u>491X</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____ <u>Alveolar cell carcinoma of lung</u>						II. OTHER SIGNIFICANT CONDITIONS <u>Unk known</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>None</u>						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 <u>7-21</u> , 19 <u>52</u> , to <u>7-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-29-52</u> , and that death occurred at <u>8:45 PM</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Paul H. W. W.</u>				23b. ADDRESS <u>601 So Brentwood Clayton Mo</u>				23c. DATE SIGNED <u>7-31-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem</u>		24d. LOCATION (City, town, or county) <u>Kirkwood Mo</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>8-1-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donk</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas J. Gates</u>		ADDRESS <u>4107 Finney</u>					

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 _____

W. H. Harts

Licensed Embalmer No. *4259*

P. O. Address *7107 Finney*

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.