

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40580

State File No. _____
Registrar's No. 10897

FILED DEC 12 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY OR TOWN <u>Saint Louis</u> | | a. STATE <u>Missouri</u> b. COUNTY | |
| c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Saint Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>3035 Pine Street</u> | |

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|--|----------------|-------------|--------------|------------------|-----------|-------------|--------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
| <u>William</u> | <u>William</u> | | <u>Owens</u> | <u>Nov.</u> | <u>23</u> | <u>1952</u> | |

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|-----------------------|----------------------------------|--|------------------------------------|---------------------------------|--------|------|-----------------|-----------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u> | 8. DATE OF BIRTH <u>unknown</u> | 9. AGE (In years last birthday) | Months | Days | IF UNDER 1 YEAR | IF UNDER 1 MIN. |
| | | | | <u>abt 85</u> | | | | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|--------------------------------------|---|---|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>- - -</u> |
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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) <u>unknown</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Ellis</u> | ADDRESS <u>3035 Pine Street</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign Prostatic Hypertrophy</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Congestive Heart Failure</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> | | <u>Undet.</u> | |

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| 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) |
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|---|--|---|
| 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? <u>4343</u> |
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22. I hereby certify that I attended the deceased from 9-30- 19 52, to 11-23- 19 52, that I last saw the deceased alive on 11-23 19 52, and that death occurred at 10:40p., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Herbert A. Harris</u> | (Degree or title) <u>M. D.</u> | 23b. ADDRESS <u>2601 N Whittier St</u> | 23c. DATE SIGNED <u>11-24-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12/1/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Saint Louis Missouri</u> |
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|--|---|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>NOV 26 1952</u> | REGISTRAR'S SIGNATURE <u>J. C. Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Bros. Und. Co.</u> | ADDRESS <u>3644 Finney</u> |
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m 83 (Licensed Embalmer's Statement on Reverse Side)

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

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Enright

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.