

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41149**

FILED DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **500** Registrar's No. **3148**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elmdale</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elmdale</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3630 Brown Rd.</b>		d. STREET ADDRESS (If rural, give location) <b>3630 Brown Rd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Maggie</b> b. (Middle) _____ c. (Last) <b>Owsley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 7, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec. 7, 1863</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Quincy Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William A. Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Crane</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Owsley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lillian Rosberg 3630 Brown Rd.</b>	

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) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sanility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>  <b>10 yrs</b>	
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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) m.		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 **April 12, 1950**, to **Dec 7, 1952**, that I last saw the deceased alive on **Dec 7, 1952**, and that death occurred at **7:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Arnold H. Wenger M.D.</b>		23b. ADDRESS <b>3115 Brown Rd</b>		23c. DATE SIGNED <b>12/8/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>12/9/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
DATE REC'D BY LOCAL REG. <b>12-8-52</b>		REGISTRAR'S SIGNATURE <b>H. P. Domb</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>M. K. Collier's Funeral Home</b>		ADDRESS <b>10123 St. Char. Rd.</b>	

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

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.