

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **6646**  
Registrar's No. **1452**BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>			
b. CITY OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>So. Roxana</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Incarinate Word Hospital.</b>			e. STREET ADDRESS (If rural, give location) <b>Prairie Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>Hilda</b>			a. (First)	b. (Middle)	c. (Last) <b>Owens</b>	
4. DATE OF DEATH <b>Feb. 12, 1954</b>			(Month)	(Day)	(Year)	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 24, 1926.</b>	9. AGE (In years last birthday) <b>28</b>	10. UNDER 1 YEAR Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Madison, Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Christ Gusewelle</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Knethe</b>		14. NAME OF HUSBAND OR WIFE <b>Leamon Owens,</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leamon Owens,</b>	ADDRESS <b>South Roxana, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days.</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Ischemic Heart Disease</b>				<b>Lushness</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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H90X</b>				
22. I hereby certify that I attended the deceased from <b>10-24, 1953</b> , to <b>2-12, 1954</b> , that I last saw the deceased alive on <b>2-11, 1954</b> , and that death occurred at <b>10A</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>Wm R. Gunn M.D.</b>			(Degree or title)	23b. ADDRESS <b>7227 S. Argosy St. St. Louis</b>	23c. DATE SIGNED <b>2-13-54.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-12-54</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Madison County, Ill.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 15 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Weber,</b>	ADDRESS <b>Edwardsville, Illinois.</b>			

(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.....  
Signature of Student Embalmer

Signed.....  
No. Embalmer

Licensed Embalmer No.....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.