

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17393**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1076**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARYLAND HEIGHTS	
c. LENGTH OF STAY (In this place) 2-DAY'S		d. STREET ADDRESS (If rural, give location) 707 E. ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CO HOSP			

3. NAME OF DECEASED (Type or Print) Ernest Owens			4. DATE OF DEATH (Month) (Day) (Year) 5 6 54		
5. SEX M		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 12, 1916		9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LANDSCAPER	
10b. KIND OF BUSINESS OR INDUSTRY LANDSCAPING		11. BIRTHPLACE (City and State or Foreign Country) STEVENSON, ALA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JAKE OWENS		13b. MOTHER'S MAIDEN NAME MATTIE HODGE		14. NAME OF HUSBAND OR WIFE ETHEL OWENS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 423-24-6240		17. INFORMANT'S SIGNATURE OR NAME ETHEL OWENS, MARYLAND HTS.	
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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) Dissecting Aneurysm of aorta.				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 451X YES <input type="checkbox"/> NO <input 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?	
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22. I hereby certify that I attended the deceased from **5-4** **1954**, to **5-6** **1954**, that I last saw the deceased alive on **5-6** **1954**, and that death occurred at **8:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. Gony (Degree or title) MD		23b. ADDRESS 601 So. Brentwood		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL REMOVAL		24b. DATE 5-9-1954		24c. NAME OF CEMETERY OR CREMATORY STEVENSON ALABAMA	
24d. LOCATION (City, town, or county) (State) STEVENSON ALABAMA					

DATE REC'D BY LOCAL REG. 5/6/54		REGISTRAR'S SIGNATURE Richard B. Amokem		FUNERAL DIRECTOR'S SIGNATURE Baumann ADDRESS 2504 W. Jackson Rd Overland MO	
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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

Oscar J. Mueller

Licensed Embalmer No.

3039

P. O. Address

Overland 14 Mo

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.