

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25621**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **1671**

1. PLACE OF DEATH a. COUNTY: St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE: Missouri b. COUNTY: St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township): Kirkwood		c. LENGTH OF STAY (In this place): 23 years	c. CITY OR TOWN: Kirkwood 469 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION: 139 W. Washington		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS: 139 W. Washington		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First): ANNIE	b. (Middle): _____	c. (Last): OWENS	4. DATE OF DEATH (Month) (Day) (Year)	July 12, 1954.
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5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Dec. 24, 1881	9. AGE (In years last birthday): 72	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (City and State or Foreign Country): New York	12. CITIZEN OF WHAT COUNTRY?: US			

13a. FATHER'S NAME: Frank Pitt	13b. MOTHER'S MAIDEN NAME: Anna E. Martin	14. NAME OF HUSBAND OR WIFE: Geo W. Owens (Dec)
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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): no	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S SIGNATURE OR NAME: Ben Owens	ADDRESS: 139 W. Washington Kirkwood
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right breast		INTERVAL BETWEEN ONSET AND DEATH 5 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 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) 170X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.): _____	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 **Oct, 1953** to **July 12, 1954**, that I last saw the deceased alive on **July 12, 1954**, and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE: H A Uhlenmeyer M.D.	(Degree or title)	23b. ADDRESS: 4302 Waring Ave	23c. DATE SIGNED: 7/13/54
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24a. BURIAL, CREMATION, REMOVAL (Specify): buried	24b. DATE: 7/14/54	24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State): Kirkwood, Mo.
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DATE REC'D BY LOCAL REG.: 7/13/54	REGISTRAR'S SIGNATURE: Richard S. ...	25. FUNERAL DIRECTOR'S SIGNATURE: Paul S. Gopp Inc	ADDRESS: Kirkwood Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951

✓ 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 *J. Allen Davis*.....

Licensed Embalmer No. *40*.....

P. O. Address *St. Louis*.....

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.