

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

426889

State File No. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10436

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. CITY OR TOWN St. Louis Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1829 = Cole		e. STREET ADDRESS (If rural, give location) 28 W 2289	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Henry	c. (Last) OWENS	4. DATE OF DEATH (Month) (Day) (Year) 10 17 54
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED NEVER MARRIED WIDOWED DIVORCED Single	8. DATE OF BIRTH Ave 1904	9. AGE (In years last birthday) or UNDER 1 YEAR or UNDER 1 MRS. 70 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during chief of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Wick	13b. MOTHER'S MAIDEN NAME Wick	14. NAME OF HUSBAND OR WIFE Wick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war of dates of service) Wick	16. SOCIAL SECURITY NO. Wick	17. INFORMANT'S SIGNATURE OR NAME K. G. Taylor Cor. Kenn Clark

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Constrictive</u> DUE TO (c) <u>Renal conditions</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Normal</u>	

20. AUTOPSY? YES <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4343	

22. I hereby certify that I attended the deceased from 1910 to 1954, 1954, that I last saw the deceased alive on 1954, and that death occurred at Home from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Patrick Taylor Coroner</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>10.29.54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. NOV 17 1954	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary Service</u>	ADDRESS <u>Manchester Ave. St. Louis 10, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

14/3

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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 *Gene A. Lintchen*.....

Licensed Embalmer No. *496*

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.