

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6399  
1228

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> |  | c. CITY OR TOWN<br><b>St. Louis</b>  |  |
| c. LENGTH OF STAY (in this place)<br><b>1 year</b>                                       |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>5321 North Broadway</b>                    |  | STREET ADDRESS (If rural, give location)<br><b>5321 North Broadway</b>   |  |

|                                     |                          |                      |                        |  |
|-------------------------------------|--------------------------|----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Lester</b> | b. (Middle) <b>J</b> | c. (Last) <b>Owens</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb 9 1955</b> |
|-------------------------------------|--------------------------|----------------------|------------------------|--|

|                       |                                  |  |   |  |                           |                          |                           |                          |
|-----------------------|----------------------------------|--|---|--|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Sept 20 1901</b> | 9. AGE (In years last birthday)<br><b>53</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 24 HRS.<br>Hours | IF UNDER 24 HRS.<br>Min. |
|-----------------------|----------------------------------|--|---|--|---------------------------|--------------------------|---------------------------|--------------------------|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Mechanic</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Western Trucking Co</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Owensville, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|--|---|---|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><b>James Henry Owens</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Bertha Jett</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Maude Owens</b> |
|--|---|---|

|   |   |   |         |
|---|---|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>492-05-4312</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Maude Owens, 5321 North Broadway</b> | ADDRESS |
|---|---|---|---------|

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|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 hrs.</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial Infarction</b>   |  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>coronary heart disease</b> |  | 3 yrs.   |
|  | DUE TO (c) <b>arterio-sclerosis</b>   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>4201</b>       |

22. I hereby certify that I attended the deceased from **March 1949**, to **Feb. 9, 1955**, that I last saw the deceased alive on **Jan. 26, 1955**, and that death occurred at **12:20 a.m.**, from the causes and on the date stated above.

|  |  |                                   |
|--|--|-----------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Donald E. Kelkin M.D.</b> | 23b. ADDRESS<br><b>3121 N. Grand St. St. Louis, Mo</b> | 23c. DATE SIGNED<br><b>2/9/55</b> |
|--|--|-----------------------------------|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>Feb. 11, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Co., Missouri</b> |
|---|-----------------------------------|---|--|

|   |  |   |         |
|---|--|---|---------|
| DATE REC'D BY LOCAL REG.<br><b>FEB 9 1955</b> | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MO</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>MATH HERMANN &amp; SON, INC., 2161 E. FAIR AVE</b> | ADDRESS |
|---|--|---|---------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Clement M. Jean*

Licensed Embalmer No. *376*

P. O. Address *S. P. Paris*

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.