

18419

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5196

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place township) <u>2 Months</u>		c. CITY OR TOWN <u>Madison</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>545 Meradocia</u> <u>8128</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orval</u>			b. (Middle) <u>Lee</u>		c. (Last) <u>OWENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-30-56</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>3-28-56</u>		9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Granite City, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Wesley L. Owens</u>			13b. MOTHER'S MAIDEN NAME <u>Ulman</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Trumbidge, 500 S. Kingshighway</u>			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemangioma Lymphangioma</u> <u>Hemangioma Lymphangioma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>of neck. of neck</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Focal Atelectasis of lungs</u> <u>Focal atelectasis of lung</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>228x</u>				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?			
22. I hereby certify that I attended the deceased from <u>3-31, 1956</u> , to <u>5-30, 1956</u> , that I last saw the deceased alive on <u>5-30, 1956</u> , and that death occurred at <u>4:55 a.m.</u> , from the causes and on the date stated above <u>5/30/56</u>							
23a. SIGNATURE <u>Ernest J. Vitti MD</u> (Degree or title)				23b. ADDRESS <u>St. Louis Children's Hospital</u>		23c. DATE SIGNED <u>5/30/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-31-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS</u>		24d. LOCATION (City, town, or county) (State) <u>GRANITE CITY ILL</u>	
DATE REC'D BY LOCAL REG. <u>MAY 31 1956</u>		REGISTRAR'S SIGNATURE <u>Francis J. Leahy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis J. Leahy</u>		ADDRESS <u>Madison Ill.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.. *Body not embalmed*

Student.....
Signature of Student Embalmer

Signed.....
Thomas J. Fahy
Licensed Embalmer No. *21*

P. O. Address *Madison*

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.