

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28939**  
Registrar's No. **6980**

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>16 4041 Wyoming St. 21690</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>	b. (Middle) <b>E.</b>	c. (Last) <b>OWENS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 28, 1891</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician-Self Employed</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Owens</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Williams</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie F. Owens</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-07-9109</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Nellie F. Owens</b>	ADDRESS <b>4041 Wyoming St.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Purulent Bronchitis with micropneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b>
	ANTECEDENT CAUSES Morbid 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. <b>Old cerebral hemorrhage</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>502.1</b>	20. AUTOPSY? YES <input checked="" 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 **7/14**, 19**56**, to **7/26**, 19**56**, that I last saw the deceased alive on **7/26**, 19**56**, and that death occurred at **12:20P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edw. W. Gehring M.D.</b>	23b. ADDRESS <b>3701 E. Randall St.</b>	23c. DATE SIGNED <b>7/27/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 30, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 27 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	ADDRESS <b>4228 S. Kingshighway Bl.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

2007

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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 *William C. White*.....

Licensed Embalmer No. *4281*

P. O. Address *Ed. King*.....

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.