

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29860**
Registrar's No. **7138**

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 **St. Louis** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **6059 Harney Ave.**

e. STREET ADDRESS (If rural, give location) **6059 Harney Ave.**

3. NAME OF DECEASED
a. (First) **Mary** b. (Middle) **A.** c. (Last) **Owens**

4. DATE OF DEATH (Month) (Day) (Year)
July 30 1957

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **Nov. 10 1887**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housework**

10b. KIND OF BUSINESS OR INDUSTRY **home**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William Mullen**

13b. MOTHER'S MAIDEN NAME **Mary Hammond**

14. NAME OF HUSBAND OR WIFE **James Owens**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **492-05-1497**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ella Owens 6059 Harney Ave.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
ANTECEDENT CAUSES **Arterio Sclerosis**
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.
420.1

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? **2**
YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 11 1957** to **July 30, 1957** that I last saw the deceased alive on **July 29, 1957**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Aloysius A. Kell M.D.**

23b. ADDRESS **3901 W. Florissant**

23c. DATE SIGNED **7/31/57**

24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) **Burial**

24b. DATE **8/2/57**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **JUL 31 1957** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Buchholz Mortuary 5967 W. Florissant Ave.**

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

St. Louis

St. Louis

St. Louis

6022 Marston Ave.

6022 Marston Ave.

July 28 1927

James

James

Nov. 10 1927

James

U.S.A.

St. Louis

James

James

James

James

James

6022 Marston Ave.

James

James

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 *W. B. Bachler*
Licensed Embalmer No. *45*

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! 2/3

If this body is not embalmed, fact should be so stated above.

6022 Marston Ave.