

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009172  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1649**

**FILED FEB 19 1963**

VS 300  
Rev. 4/59

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2 **2/25/63**

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12 **77-0**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |   | c. CITY OR TOWN <b>St. Louis</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>5550 Clemens</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Dempsey</b> Middle Last <b>Owens</b>  |   | 4. DATE OF DEATH<br>Month <b>2</b> Day <b>12</b> Year <b>63</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-26-1905</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Nil</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>57</b>  |
| 13a. FATHER'S NAME<br><b>Dempsey Owens</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Donnie Collins</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Mississippi</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Minnie Owens</b>  |  |
| 17. INFORMANT<br><b>Fannie L. Carr-</b>   |   | Address<br><b>3955 Sullivan Ave.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE, (a) <b>Pulmonary Edema</b><br>DUE TO (b) <b>Uremia</b><br>DUE TO (c) <b>4200</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerotic Heart Disease - Nephrosclerosis</b>                  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY, (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |
| 21. I attended the deceased from <b>1-17-63</b> to <b>2-12-63</b> and last saw her/him alive on <b>2-12-63</b>  |   | Death occurred at <b>3:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                       |  |
| 22a. SIGNATURE<br><i>J. H. Whittier, M.D.</i> (Degree or title)   |   | 22b. ADDRESS<br><b>2601 N. Whittier</b>   | 22c. DATE SIGNED<br><b>2-12-63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>2-18-63</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oakdale Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>G. Wade Granberry</b> ADDRESS <b>4202 Finney Ave.,</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>FFB 14 1963</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Loan Smith, M.D.</i>   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

77

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 Edward A. Flynn

Licensed Embalmer No. 4444

Address 4202 Finney Ave.,  
St. Louis, Mo.,

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.