

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

38257

1. PLACE OF DEATH

County St. Louis,

Registration District No.

Township

Primary Registration District No. 1008

City St. Louis

(No. 3427 Washington Bldg St. Barnard Skin Cancer Hospital Ward)

File No.

Registered No. 10095

2. FULL NAME

(a) Residence, No. 3326 Lawton St., 21 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Toledo Kirby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/10/05

7. AGE YEARS 34 MONTHS 7 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Bea Bowen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville, Tenn

15. MAIDEN NAME Ida Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keness, Ky.

17. INFORMANT Frances Bowen (ADDRESS) Colp Illinois

18. BURIAL, CREMATION, OR REMOVAL. PLACE Colp Illinois DATE 11/27 1939

19. UNDERTAKER (ADDRESS) W. M. C. Green 3517 Baskin Ave.

20. FILED NOV 27 1939 J. B. Bredbeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/31 1939 to 11/26 1939

I last saw her alive on 10/25 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Postoperative shock
Cystadenocarcinoma of ovary
Hypertension
Hypertension

Date of onset 11/25/39

Other contributory causes of importance:
Cystadenocarcinoma, ovary
Hypertension
Hypertension

Name of operation Hysterectomy Date of 11/25/39

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) William H. Gray, M. D.

(Address) Barnard Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3 Mo. Kirby
Isleida

Francisco Bowen
Colo., N. H.

Em. Almonte
C.R.