

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 7245
Registrar's No.

FILED AUG 23 1948
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mos; 11 days
(Specify whether
In this community 40 yrs
years, months or days)

3: (a) PRINT FULL NAME Annie Bowman

3. (b) If veteran,
name war

3. (c) Social Security No.

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 68 hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Estelle Mae Reynolds
(b) Address 4223 East Cote Brillante

17. (a) Burial (b) Date thereof 8/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Wood Cemetery

18. (a) Signature of funeral director J. J. Sneed
(b) Address 3615-17 Easton Avenue

19. (a) AUG 18 1948 (b) J. J. Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 600
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4230 Garfield 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1948 hour 3 minute 40 AM.

21. I hereby certify that I attended the deceased from
December 4, 1947, to August 15, 1948;
that I last saw her alive on August 15, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Rectum
Duration Unk

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Sneed (M. D.)
Address 2601 N Whittier St Date signed 8-16-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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