

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1949

25379

1003 State File No. 6796

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>ILLINOIS</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>28 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST ST. LOUIS</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNARD FREE SKIN & CANCER HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>100 HIGHLAND</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVELYN</u> b. (Middle) _____ c. (Last) <u>WARFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 3 49</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>3-15-1900</u>		
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DUCK HILL, MISSISSIPPI</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>PRIMOS SYKES</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA McNEAL</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORD - BARNARD HOSPITAL</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized peritonitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute + Chr Pyometritis</u> <u>Pyometritis</u> DUE TO (c) <u>Pedunculated Submucous Leiomyoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parhysterectomy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION <u>23 July 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enlarged Uterus & Submucous Leiomyoma - Chronic P.I. &</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>199 Pelvic Inflammation</u>				
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? <u>Disease</u>				
22. I hereby certify that I attended the deceased from <u>2 July, 1949</u> , to <u>3 Aug, 1949</u> , that I last saw the deceased alive on <u>3 Aug, 1949</u> , and that death occurred at <u>4:52 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Warren A Bowersox</u> (Degree or title)				23b. ADDRESS <u>Barnard Hosp</u>		23c. DATE SIGNED <u>3 Aug 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>AUG 4 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Jasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. T. Nook 3847 Page</u>				

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

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
Student Embalmer

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.