

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24867
6338
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 10

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 223.9	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY HOSPITAL		d. STREET ADDRESS (If rural, give location) 2619 So 7th St	

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) c. (Last) HILL	4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1950
---	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-13-1897	9. AGE (In years last birthday) 52	IF UNDER 21 Months	IF UNDER 24 HRS. Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ava Mo	12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Turn Snow	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Chas. Irvine
---------------------------------	--------------------------------------	---

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 Chas. Irvine 2619 So 7th	ADDRESS
--	-------------------------	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix - many years</u>		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic carcinomatosis</u> DUE TO (c)		1949 plus
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171X

22. I hereby certify that I attended the deceased from June 13, 1950, to July 21, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 4:35 P m., from the causes and on the date stated above.

23a. SIGNATURE Palmer Romaine Bowditch M.D.	(Degree or title)	23b. ADDRESS City Infirmary	23c. DATE SIGNED 7/22/50
--	-------------------	--------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-22-50	24c. NAME OF CEMETERY OR CREMATORY Angelia Cem	24d. LOCATION (City, town, or county) (State) Advance RFD 4 Mo
--	----------------------	---	---

DATE REC'D BY LOCAL REG. JUL 24 1950	REGISTRAR'S SIGNATURE J B Savater	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS
---	--------------------------------------	---	---------

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

8889

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. Allen Davis Jr.
Licensed Embalmer No. 4053
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 this body is not embalmed, fact should be so stated above.