

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 34850

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 9016

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN St Louis
c. LENGTH OF STAY (in this place) 4 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Inf

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE ILL. b. COUNTY ST. CLAIR
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis 8120
d. STREET ADDRESS (If rural, give location) 44 E John Robinson Hwy

3. NAME OF DECEASED
a. (First) Rebecca b. (Middle) _____ c. (Last) Boles

4. DATE OF DEATH (Month) (Day) (Year) 10-10-51

5. SEX 3
Female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May-1915

9. AGE (In years last birthday) 36
if UNDER 1 YEAR: Months _____ Days _____
if UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTH PLACE (State or foreign country) Ill

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Jackson

13b. MOTHER'S MAIDEN NAME Cornelia Commer

14. NAME OF HUSBAND OR WIFE Stanley Boles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Stanley Boles

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) Carcinoma Cervix
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH Unknown

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 171X

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Oct 10, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Booker T. Washington

23b. ADDRESS 360 A 20.15th St E. St. Clair Ill.

23c. DATE SIGNED Oct 10-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify) _____

24b. DATE 10-16-51

24c. NAME OF CEMETERY OR CREMATORY Booker T. Washington Centreville Ill.

24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. OCT 13 1951

REGISTRAR'S SIGNATURE J. E. Smith

FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R. McAdams 3517 Laclade

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

Edgar H Green

Licensed Embalmer No. *4521*

P. O. Address *3517 Laurel*

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.