

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34858

State File No. 9054

318

1003

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 admission). a. STATE <u>MO.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		<u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1331 BAYARD</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Josie</u>		b. (Middle) <u>Britton</u>		c. (Last) <u>Bowman</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 1951</u>		5. SEX <u>FEM. 3</u>		6. COLOR OR RACE <u>COL.</u>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	
8. DATE OF BIRTH <u>SEPT. 29 1915</u>		9. AGE (In years last birthday) <u>36</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>SALES LADIE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LADIES HAT AND SHAWL</u>		11. BIRTHPLACE (State or foreign country) <u>LO JACKSON MISS.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Phillip Britton</u>		13b. MOTHER'S MAIDEN NAME <u>ROSEBELL COLLINS</u>		14. NAME OF HUSBAND OR WIFE <u>BOWMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never, or known) (If yes, state war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosebelle Buchanan Bayard</u>		18. ADDRESS <u>1331 BAYARD</u>		19. MEDICAL CERTIFICATION I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) _____		20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		21. INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) (Minute) <u>10-10 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>171X</u>		22. I hereby certify that I attended the deceased from <u>9-14</u> , 19 <u>51</u> , to <u>10-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>51</u> , and that death occurred at <u>8:10a</u> m., from the causes and on the date stated above.		23. SIGNATURE <u>Frank E. Woodson</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>10-11-51</u>		24a. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>		24b. LOCATION (City, town, or county) (State) <u>ST LOUIS MO.</u>		24c. DATE <u>10/15/51</u>	
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24cf. DATE <u>10/15/51</u>							

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.....

*Frederick P. Stark*

Licensed Embalmer No. 4599

P. O. Address 4469 Washington St.

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.