

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(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 1 month
(Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11
(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1809 N. Newstead 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1941 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from
February 13, 1941, to March 13, 1941
that I last saw her alive on March 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Cholecystitis, no stones 2 months
Duration

Due to.....
Due to..... 127a
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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature C. Allen (M. D. or other)
Address 2601 N. Whittier Date signed 3-14-41

3. (a) PRINT FULL NAME Katie Bowles

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex female 5. Color or race Negrs 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Feb 23 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Unk. 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Unk.
13. Birthplace Unk. 9 Unk.
(City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk. 9 Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Caddie Glass
(b) Address 4342 Easton Ave
17. (a) Burial (b) Date thereof Mar 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas Ave
19. (a) MAR 18 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

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

00
17
9

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

Bulson English

Licensed Embalmer No.

4208

P. O. Address

2931 Lucas, Ave

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.