

FILED FEB 18 1944

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ocha Pearl Bowles

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grover Bowles 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 20 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas J. Newton

13. Birthplace Wayne Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Bunamah

15. Birthplace Ramburg Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Grover Bowles

(b) Address Piedmont, Missouri

17. (a) Burial (b) Date thereof 2-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) FEB 8 1944 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
 (c) City or town Piedmont
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
 year 1944 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from 12-27, 1943 to 2-2, 1944
 that I last saw him alive on 2-2, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of right breast with metastases to both axillary nodes, extension to surrounding skin and abdominal & cerebral metastasis
 Duration _____
 Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations Carcinoma Breast & axillary lymph nodes
 Of autopsy none done
 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? _____

(Specify type of place) _____
 While at work? _____ (Specify type of place) _____
 Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address 3730 Washington St. Date signed 2/9/44

FEB 25 1944

1234

1234

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..... *E. W. Wilkinen*.....
Licensed Embalmer No..... *3575*.....
P. O. Address.....

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.