S. No. 2
M—2-43
. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25057

Registration District No. 314

Primary Registration District No. 1003

Registrar's No. 5831

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: People's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether

In this community 31 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson, 50

(c) City or town Crystal City (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location) NR

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country ✓

3. (a) PRINT FULL NAME Bernice Bland

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased September (Month) 7, (Day) 1914 (Year)

8. AGE: Years 31 | Months 9 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace Crystal City (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House-work

11. Industry or business own home

FATHER
12. Name Walter Bland
13. Birthplace Hope-well (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Louella Higgins Bothan
15. Birthplace Hematite (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Walter Bland

(b) Address Crystal City, Mo.

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

(c) Place: burial or cremation Crystal City, Mo

18. (a) Signature of funeral director Arthur R. Poletti

(b) Address Crystal City, Mo.

19. (a) JUL 2 1948 (Date received local registrar) (b) J. F. Bideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-17-1946 to 6-26-1946 that I last saw her alive on 6-26-1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Cervix Uteri	1 year
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Extensive pelvic involvement

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles A. Herwin (M. D. or other)

Address 3720 Washington Date signed 6/28/46

(Licensed Embalmer's Statement on Reverse Side)

5831

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.....

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo.

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.