

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27938

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7124

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>1222</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer S. Bilbo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. STREET ADDRESS (If rural, give location) <u>21 2663 Lucas</u>		_____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>		b. (Middle) _____	
c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 12 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>Oct. 17-1881</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>	
11. BIRTHPLACE (State or foreign country) <u>Miss.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>W.M. Pittman</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Collins</u> ADDRESS <u>2663 Lucas</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Cervix</u> ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>None</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>St. Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Aug. 8, 1949, to Aug. 12, 1949</u> , that I last saw the deceased alive on <u>Aug. 12, 1949</u> , and that death occurred at <u>10:25 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Delas O. Binnis, M.D.</u>		23b. ADDRESS <u>2601 N Whittier</u>	
23c. DATE SIGNED <u>8-13-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.G. Shear</u> ADDRESS <u>4214 Delmar</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 16 1949</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.G. Shear</u> ADDRESS <u>4214 Delmar</u>	

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 F. A. Meyer

Licensed Embalmer No. 2963

P. O. Address 4714 Delmar

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.