

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32179

State File No. ....

8561

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____											
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>4178 Meramec</b>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4178 Meramec Ave /</b>				d. STREET ADDRESS (If rural, give location) <b>4178 Meramec</b>													
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Patricia</b>			b. (Middle) <b>Velda</b>			c. (Last) <b>Sexton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 2 1949</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 24-1913</b>		9. AGE (In years last birthday) <b>36</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Girl</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Cosmetics</b>				11. BIRTHPLACE (State or foreign country) <b>Chicago Ill</b>				12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME <b>Charles Whitehead</b>				13b. MOTHER'S MAIDEN NAME <b>Susan</b>				14. NAME OF HUSBAND OR WIFE <b>William</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <b>499-01-0965</b>				17. INFORMANT'S SIGNATURE OR NAME <b>William Sexton</b>				ADDRESS <b>4178 Meramec Ave</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix with Metastase</b>								INTERVAL BETWEEN ONSET AND DEATH _____					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
				II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input 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) <b>Mo</b>									
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? <b>171X</b>									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:30 P.</b> m., from the causes and on the date stated above.																	
23a. SIGNATURE <b>John F. V. ...</b>						23b. ADDRESS <b>16 Hampton Village</b>						23c. DATE SIGNED _____					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>Oct. 6-49</b>				24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>					
DATE REC'D BY LOCAL REG. <b>OCT 5 1949</b>				REGISTRAR'S SIGNATURE <b>J.B. ...</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>P. Miceli &amp; Sons</b>				ADDRESS <b>1150 N. Kingshighway</b>					

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

*J. Wm. Bensley*

Licensed Embalmer No. 3653

P. O. Address St Louis, 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.