

FILED MAR 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6006

318

1003

Registrar's No. 1744

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2171</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS - Mo</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIRMIN DESLOGE Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
		d. STREET ADDRESS (If rural, give location) <u>3949² DETONTY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>DICKENS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19 1951</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>DEC. 25 1905</u>	9. AGE (In years last birthday) <u>45</u>	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEWING MACHINE OPT.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CURLEE CLOTHING</u>	11. BIRTHPLACE (State or foreign country) <u>SYRIA</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Joseph HASSER</u>	13b. MOTHER'S MAIDEN NAME <u>SADIE DAVIS</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>LILLIAN DARK</u>	ADDRESS <u>3949 DETONTY</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septicemia</u> DUE TO (c) <u>Bronchiectasis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Septic hepatitis</u>		? years <u>3 weeks</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Box</u>
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22. I hereby certify that I attended the deceased from Jan. 26, 1951, to Feb. 12, 1951, that I last saw the deceased alive on Feb. 19, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert C. Sweet MD</u>	23b. ADDRESS <u>508 N. Grand</u>	23c. DATE SIGNED <u>2/20/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 23 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>FEB 22 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>	ADDRESS <u>2906 Gravois</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Samuel E. Dill

Signed.....

Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Harris*

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.