

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14194

State File No.

3322

FILED APR 25 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		25 1315A Hadley / Street	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Ella V. Dickens		(Month) (Day) (Year) April 4 1952	
b. (Middle)		c. (Last)	
5. SEX 3 Female		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH. Aug 28 1919	
9. AGE (In years last birthday) 32		10. UNDER 1 YEAR Months 7 Days 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baton Rouge La		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Sterling		13b. MOTHER'S MAIDEN NAME Katie Sterling	
14. NAME OF HUSBAND OR WIFE Charles Dickens		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles Dickens	
18. ADDRESS 1315A Hadley		19. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 4-4-52	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Metastatic Ca of Lungs FEB 52	
		DUE TO (c) Carcinoma of Left Breast sept 51			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 4-3-52		19b. MAJOR FINDINGS OF OPERATION 7/2 HANTER Belly removed By CESAREAN		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)	
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? 170XE	

22. I hereby certify that I attended the deceased from **2-4-1952**, to **4-4-1952**, that I last saw the deceased alive on **4-4-1952**, and that death occurred at **12:25** m., from the causes and on the date stated above.

23a. SIGNATURE J. Sheard, M.D.		(Degree or title)		23b. ADDRESS 2702 Franklin	
23c. DATE SIGNED 4-7-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-9-52	
24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo		DATE REC'D BY LOCAL REG. APR 9 1952	

25. FUNERAL DIRECTOR'S SIGNATURE A. L. Beal Und Co.		ADDRESS 4303 Selman	
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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 Leroy W. Pannister

Signed.....
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Easton

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.