No. 300
10.48

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

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6372

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 633

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 5166 Minerva

3. NAME OF DECEASED (Type or Print)
a. (First): Leona
b. (Middle):
c. (Last): Dickerson

4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 56

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: AUG 23 1892
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 4 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St Charles MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: JOE SLEWAR
13b. MOTHER'S MAIDEN NAME: Louise ?
14. NAME OF HUSBAND OR WIFE: Geo DICKERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Nil.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Corine Alexander
ADDRESS: 2815 Thomas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast, Recurrent with Metastases — INTERVAL BETWEEN ONSET AND DEATH: Undt.

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. Pleural Effusion

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 170 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-22, 1955, *to* 1-14, 1956, *that I last saw the deceased alive on* 1-14, 1956, *and that death occurred at* 6:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edw. B. Williams (Degree or title) M.D.
23b. ADDRESS: 2601 N. Whittier
23c. DATE SIGNED: 1-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 1-20-56
24c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK
24d. LOCATION (City, town, or county) (State): St Louis Co. MO.

DATE REC'D BY LOCAL REG.: JAN 19 1956
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: A. F. Walton
ADDRESS: 2707 Stoddard

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Ala

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.