

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14502**  
Registrar's No. **3880**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **18 yrs.**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**

e. STREET ADDRESS (If rural, give location) **19 447 N. Sarah**

3. NAME OF DECEASED  
a. (First) **Evie** b. (Middle) \_\_\_\_\_ c. (Last) **Cassel**

4. DATE OF DEATH (Month) (Day) (Year) **4 12 56**

5. SEX **Female**

6. COLOR OR RACE **Col.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **June 1, 1885**

9. AGE (In years last birthday) **70** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 14 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Alanta Texas**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Allen White**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Unknown**

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. **No.**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Jhonnie Taylor 447 N. Sarah St**

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) **Carcinoma of pancreas with metastases.**  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_ rise to the above cause (a) stating the underlying cause last.  
  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **Undt.**

19a. DATE OF OPERATION **4-9-56**

19b. MAJOR FINDINGS OF OPERATION **Carcinoma of the pancreas.**

20. AUTOPSY? YES  NO  **157x**

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **3-28-56**, to **4-12-56**, that I last saw the deceased alive on **4-12-56**, and that death occurred at **10:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. O. Richards M.D.**

23b. ADDRESS **2601 N. Whittier Street**

23c. DATE SIGNED **4-14-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Apr. 20, 56**

24c. NAME OF CEMETERY OR CREMATORY **Father Dickson Cemo**

24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **APR 19 1956**

REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.**

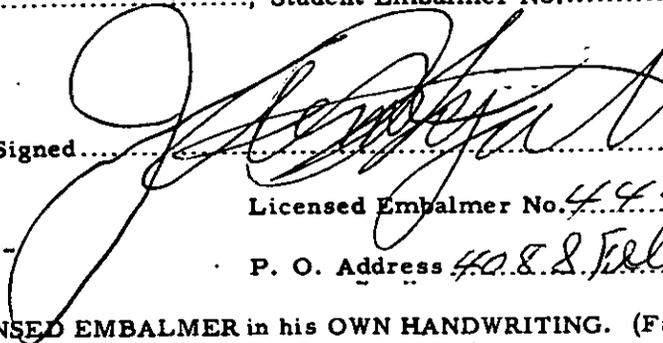
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **John W. Hemphill 408 S. Fillmore AV Kirkwood 23. MO.**

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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 44

P. O. Address 408 S. Hill

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.