

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26049
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's **6598**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SAINT LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		Length of stay in 1b 36 yrs	d. STREET ADDRESS 6150 OAKLAND AVENUE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADELIA Middle C Last DICKMAN			4. DATE OF DEATH Month JULY Day 15 Year 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 9, 1894 62 yrs
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY DEACONESS HOSP.	11. BIRTHPLACE (City and state or country) MEEME, WISCONSIN
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME VALENTINE DICKMAN	
14. MOTHER'S MAIDEN NAME HENRIETTA KOESER		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 Address SISTER FRIEDA ZIEGLER, 6150 OAKLAND AVE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Left Breast with metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH one year.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-10-57 to 7-15-57 and last saw her alive on 7-15-57 Death occurred at 9:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James A. Murphy, M.D.		22b. ADDRESS 634 North Grand Blvd.	22c. DATE SIGNED 7-15-57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL*RAIL	23b. DATE July 16, 1957	23c. NAME OF CEMETERY OR CREMATORY LOCAL CEMETERY	23d. LOCATION (City, town, or county) (State) KIEL, WISCONSIN
24. FUNERAL DIRECTOR ADDRESS CALVINE FEUTZ, 4828 NAT'L BRIDGE BLVD.		25. DATE RECD. BY LOCAL REG. JUL 15 57	26. REGISTRAR'S SIGNATURE J. Carl Smith

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 *John A. Mlinar*
Licensed Embalmer No. *418*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.