

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

454  
Do not use this space.

1. **PLACE OF DEATH** FEB 12 1938

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **5097 Washington Ave.** Registered No. **310**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. **PRINT FULL NAME** **Jean S. Dickey 200**  
 (a) Residence, No. **5097 Washington Ave.** St. **12**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ross W. Dickey**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 14, 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**49 4 26**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

FATHER 13. NAME **William Spence**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown Steel**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **J. B. Grumble 7128 Forsyth Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory** DATE **Jan. 11th 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Drehmann Ward 1905 Union Blvd.**

20. FILED **FEB 10 1938** **J. T. Bredeck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 10th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 3, 1937 to Jan 10, 1938**  
 I last saw her alive on **Jan 9, 1938** Death is said to have occurred on the date stated above, at **1:40 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Carcinoma of Ovary, primary with metastases** **49A** ?  
 Date of onset

Other contributory causes of importance: **General Carcinosis Cachexia and Intestinal obstruction** ?

Name of operation **Resection of Ovary** Date of **11-6-37**  
 What test confirmed diagnosis? **Biopsy** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify. **Intestinal obstruction** ?  
 (Signed) **J. W. Thompson, M.D.**  
 (Address) **5097 Union St.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state your name or be carefully supplied.

Kater 'Belly  
1-3

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Elmer C. Drehermann*

Licensed Embalmer No. *3670*

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