

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42808**

318

1003

Registrar's No. **11369**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 2744 Lucas Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Helen			b. (Middle) _____		c. (Last) Neal		4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1949
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 14th 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 4 HRS. Hour _____ 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 (State or foreign country) Ellisville Miss		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Irvan Reed			13b. MOTHER'S MAIDEN NAME Mariah Dace		14. NAME OF HUSBAND OR WIFE Arthur Neal		
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 ADDRESS Arthur Neal 2744 Lucas Ave.			
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) general Metastases Carcinoma of left Breast with					INTERVAL BETWEEN ONSET AND DEATH Undet.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Undetermined 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. None						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 50			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X			
22. I hereby certify that I attended the deceased from 12-26 , 19 49 , to 12-30 , 19 49 , that I last saw the deceased alive on 12-30 , 19 49 , and that death occurred at 7:35am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James J. Sedwick M.D.				23b. ADDRESS St. Louis, Mo.		23c. DATE SIGNED 1/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-1950	24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 3 1950 J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son		ADDRESS 3133 Bell Ave.			

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

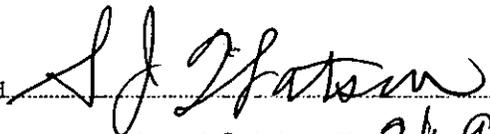
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 

Licensed Embalmer No. *2698*

P. O. Address *2769 Cherokee*

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.