

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11533

State File No.

3292

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

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|---|--|--|--|----------------------------------|--|
| 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 OR TOWN St. Louis) | | c. LENGTH OF STAY (In this place) 3 days | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | e. STREET ADDRESS (If rural, give location) 5351 Ruskin Ave. | | | |

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|-------------------------------------|-----------------------|-------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Sophie | b. (Middle) W. | c. (Last) Ficken | March 25, 1953. | | |

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|----------------------|-------------------------------|---|--|---|-------------------------|------------------------|-------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 14, 1908 | 9. AGE (In years last birthday) 44 | 10. UNDER 1 YEAR Months | 11. UNDER 2 HRS. Hours | 12. UNDER 15 Min. |
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| 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) St. Louis, Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Robert Thomson | 13b. MOTHER'S MAIDEN NAME Sophia Von Schwenck | 14. NAME OF HUSBAND OR WIFE Leslie Ficken |
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| 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 Mr. Leslie Ficken | ADDRESS 5351 Ruskin Ave. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 4 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of right breast DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION 1949 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of right breast | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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 |
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22. I hereby certify that I attended the deceased from **March 23, 1953**, to **March 25, 1953**, that I last saw the deceased alive on **March 24, 1953**, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Norman G. James, M.D. (Degree or title) | 23b. ADDRESS 9903 DIAMOND DR. | 23c. DATE SIGNED 3/27/53 |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-28-53. | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Mar 27 1953 | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. | ADDRESS 2161 E. Fair Ave. |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Shaw W. Katz

Licensed Embalmer No. *373*

P. O. Address *St. Louis*

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.