

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13670**  
Registrar's No. **3931**

FILED MAY 13 1955

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 <b>Missouri</b>		b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		e. STREET ADDRESS <b>5571 Enright Avenue</b>		(If rural, give location) <b>5571 Enright Avenue (12)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5571 Enright Avenue</b>		3. NAME OF DECEASED a. (First) <b>VIRGINIA</b>		b. (Middle) <b>R.</b>	
c. (Last) <b>MERTON</b>		4. DATE OF DEATH <b>May 1, 1955</b>		(Month) (Day) (Year)	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 20, 1910</b>	9. AGE (In years last birthday) <b>44</b>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleswoman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Scruggs Dept. Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Roy Butts</b>		13b. MOTHER'S MAIDEN NAME <b>Audrey Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Chester Merton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Chester Merton</b>		ADDRESS <b>5571 Enright Avenue</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of pancreas</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Bleed adenocarcinoma of pancreas &amp; pleural metastases</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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? <b>175X</b>	
22. I hereby certify that I attended the deceased from <b>11-1, 1954</b> , to <b>5-1, 1955</b> , that I last saw the deceased alive on <b>5-1-55, 19</b> , and that death occurred at <b>10:30 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Wayne D. Gola M.D.</b>		23b. ADDRESS <b>2739 No Grand</b>		23c. DATE SIGNED <b>5-2-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>May 4, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SUEDMEYER &amp; SON'S</b>		ADDRESS <b>3934 N. 20th Street</b>	
DATE REC'D BY LOCAL REG. <b>MAY 3 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			

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

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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 *Gustav W. Dieter*.....

Licensed Embalmer No. *43*

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.