No. 300
10-48

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

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35669

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9210

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JEWISH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2807 ARSENAL ST

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle): MARY
c. (Last): HULLER

4. DATE OF DEATH (Month) Oct. (Day) 7 (Year) 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 12/29/95
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10b. KIND OF BUSINESS OR INDUSTRY: Clothing firm
11. BIRTHPLACE (City and State or Foreign Country): Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM HULLER
13b. MOTHER'S MAIDEN NAME: ANNA HILDENBRAND
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-07-9248
17. INFORMANT'S SIGNATURE OR NAME: HOWARD FICK
ADDRESS: 423 FASSEN

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) PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 WK

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CANCER OF LEFT BREAST — 4 MO
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/25/56
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF LEFT BREAST 170X
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT 5, 1956, *to* OCT 7, 1956, *that I last saw the deceased alive on* OCT 7, 1956, *and that death occurred at* 10:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert J. Karsh (Degree or title) M.D.
23b. ADDRESS: Jewish Hosp., St Louis
23c. DATE SIGNED: 10 Oct 56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT 10-1956
24c. NAME OF CEMETERY OR CREMATORY: S.S. PETER + PAUL
24d. LOCATION (City, town, or county): ST LOUIS (State): MO

DATE REC'D BY LOCAL REG.: OCT 9 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis
ADDRESS: 2906 Gravois

M.J.B. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Homer C Dill

Licensed Embalmer No. 434

P. O. Address 2906 G

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