

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35778
8860

State File No. _____
Registrar's No. _____

FILED OCT 18 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2½ Weeks		c. CITY OR TOWN Olivette		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. LUKES HOSPITAL				e. STREET ADDRESS (If rural, give location) 24 Ramsgate Drive					
3. NAME OF DECEASED (Type or Print) a. (First) JACQUELIN			b. (Middle) MILLER		c. (Last) KUHN		4. DATE OF DEATH (Month) (Day) (Year) 9 24 56		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 1, 1929		9. AGE (In years last birthday) Months Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles J. Miller			13b. MOTHER'S MAIDEN NAME Jewell N. Merrifield			14. NAME OF HUSBAND OR WIFE Donald Kuhn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donald Kuhn, 24 Ramsgate				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cystoadenocarcinoma, Pancreas, Multiple Metastases						16 Months	
		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) 157X E	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. 6 weeks post partum						6 weeks	
19a. DATE OF OPERATION May 1955		19b. MAJOR FINDINGS OF OPERATION Cystoadenocarcinoma, Pancreas						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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from April, 1955 , to 24 Sept, 1956 , that I last saw the deceased alive on 24 Sept, 1956 , and that death occurred at 10¹⁵ P.m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS 35 N. Central, Clayton 5 Mo			23c. DATE SIGNED 25 Sept 56		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-27-56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. SEP 26 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. LUPTON AND SONS 7233 DELMAR BLV'D.				

3:00 To 5:00 PM
Tues.

Anti Well Come by and Sign

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 Clarence H. Murray

Licensed Embalmer No. 4010

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.