

HEALTH DEPARTMENT OF MISSOURI		STANDARD CERTIFICATE OF DEATH		STATE FILE NUMBER
FILED JAN 23 1958		318	1003	2846 551
Registration District No. _____		Primary Registration District No. _____		Registrar's No. _____
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5953 Lalite Ave.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>5953 Lalite Ave.</u>	
3. NAME OF DECEASED (Type or print)		First <u>Frank</u> Middle <u>H.</u> Last <u>Dulle</u>		4. DATE OF DEATH <u>Jan. 15 1958</u> Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 28, 1902</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Germantown, Illinois</u>	
13a. FATHER'S NAME <u>Henry Dulle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rickhof</u>		14. NAME OF HUSBAND OR WIFE <u>Ann Toennies Dulle</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-05-2401</u>	17. INFORMANT Address <u>Ann Dulle, 5953 Lalite Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause, and line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cocarcinoma of lung with generalized metastases</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 MO.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>163x</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1957</u> , to <u>Jan 58</u> and last saw her alive on <u>15 Jan 58</u> Death occurred at <u>8:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Dag or title) <u>Joyce M. Costello J. MD</u>		22b. ADDRESS <u>4952 Maryland</u>		22c. DATE SIGNED <u>Jan 16, 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-18-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Cullinane Bros. 3320 N. Kingshighway</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 16 58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>12/28/58</u>	

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 *Edw J. Harris*
Licensed Embalmer No. *4108*
P. O. Address *Harris*

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.