

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007467  
STATE FILE NUMBER  
2343

FILED MAR 12 1958

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

2343

300  
1-57

1. PLACE OF DEATH a. COUNTY -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves <i>4100</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General Hospital		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) 27 1001 E. Big Bend Rd.
3. NAME OF DECEASED (Type or print) First Middle Last Myrtle Marie Kueck		4. DATE OF DEATH Month Day Year Feb. 25, 1958	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1892
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		9b. KIND OF BUSINESS OR INDUSTRY retired	9c. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY retired	10c. BIRTHPLACE (City and state or country) Sedalia, Missouri
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Fisher		13b. MOTHER'S MAIDEN NAME Wilheminia Jacobs	
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT (daughter) Mrs. A.C. Arbogast Address 26 Oak Tree Drive St. Louis 5, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia, bilateral</i> DUE TO (b) <i>Advanced coronary atherosclerosis with old healed myocardial infarction</i> DUE TO (c) <i>anterior and posterior myocardial wall</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420-1</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days - uncertain</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. 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 <i>2/24/58</i> to <i>2/25/58</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>2/24/58</i> Death occurred at <i>10 A.M. Feb. 25, 1958</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Thomas W. Pelen M.D.</i>		22b. ADDRESS <i>4660 Maryland Ave, St. Louis, Mo</i>	
22c. DATE SIGNED <i>2/25/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE <i>2-25-58</i>		23c. NAME OF CEMETERY OR CREMATORY Local	
23d. LOCATION (City, town, or county) <i>Pine Bluff, Arkansas</i>		(State)	
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i>		ADDRESS <i>4700 Washington, Blvd.</i>	
25. DATE RECD. BY LOCAL REG. <i>FEB 26 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be related. All diseases in Part I must be causally related.

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 *J W Bentley* .....

Licensed Embalmer No. *3653*

P. O. Address *St Louis*

*9* 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.