

THE DIVISION OF HEALTH OF MISSOURI  
DEATH CERTIFICATE OF DEATH

58-008098

STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 574

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton, Missouri.</b>		c. CITY OR TOWN <b>Clayton</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7535 Bryon Place.,</b>		d. STREET ADDRESS (If outside, give location) <b>7535 Bryon Place.,</b>	
3. NAME OF DECEASED (Type or print) First <b>Della</b> Middle <b>Miller</b> Last <b>Rullman</b>		4. DATE OF DEATH Month <b>February</b> Day <b>24</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 2, 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (In years last birthday) <b>85</b>
11. BIRTHPLACE (City and state or country) <b>Nemaha County, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Jane Blair</b>	
14. NAME OF HUSBAND OR WIFE <b>William E. Rullman, dec'd</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. F. Wallace Gage, 7535 Bryon Place.,</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of left Breast &amp; metastases to Colon, Lung &amp; Bones</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 years</b>
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) <b>General Arteriosclerosis</b>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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.) <b>170X</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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 <b>Aug. 2, 1951</b> to <b>Feb. 24, 1958</b> and last saw her/him alive on <b>Feb. 24, 1958</b> Death occurred at <b>7.30 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Hiram L. Luzzett M.D.</b>		22b. ADDRESS <b>3720 North St Bl</b>	
22c. DATE SIGNED <b>Feb. 24, 1958</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>2-24-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	
23d. LOCATION (City, town, or county) <b>Enid, Oklahoma</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.,</b>		25. DATE RECD. BY LOCAL REG. <b>2-24-58</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert R. Donker, M.D.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corr. by Aff. 6/9/1958 S.B.

All diseases in Part I must be causally related.

