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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023559
STATE FILE NUMBER

FILED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5841

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS MO — Inside Limits: Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 25 CITY HOSPITAL #1 — Length of stay in 1b: 3 DAYS 2260

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY:

c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location): 1935 A HEBERT — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WALTER — Middle — Last MILLER

4. DATE OF DEATH: Month 6 - Day 4 - Year 58

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☑

8. DATE OF BIRTH: 9-6-1902

9. AGE (In years last birthday): 55 — 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): TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: ACME SUNDRIES

11. BIRTHPLACE (City and state or country): ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: JOSEPH MUELLER

13b. MOTHER'S MAIDEN NAME: JOHANNA RADMER

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) WORLD WAR 1

16. SOCIAL SECURITY NO.: 495-16-2252

17. INFORMANT: MRS. HILDA CLYDE — Address: 4329 A MORGANFORD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Peritoneal Hemorrhage from a ruptured gastric ulcer.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Carcinoma, Bronchogenic

DUE TO (c): Carcinoma of the Pancreas

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 540.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 740 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Queen Deputy Coroner 3

22b. ADDRESS: 1300 C Court

22c. DATE SIGNED: 6/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 6-6-58

23c. NAME OF CEMETERY OR CREMATORY: NEW ST. MARCUS

23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY MO.

24. FUNERAL DIRECTOR: HOWARD MICHEL — ADDRESS: 5930 SOUTHWEST

25. DATE RECD. BY LOCAL REG.: JUN 5 '58

26. REGISTRAR'S SIGNATURE: Carl Smith MD MJB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
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 W. E. Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, M

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.