

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034505
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8706

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital | | d. STREET ADDRESS (If outside, give location) 3929 Shaw Blvd. | |
| 3. NAME OF DECEASED (Type or print) First Katarina (Katharina) Middle MERLE Last | | 4. DATE OF DEATH Sept. 7, 1958 Month Day Year | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 30, 1880 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 77 |
| 13. FATHER'S NAME Anthony Bader | | 14. MOTHER'S MAIDEN NAME Barbara Keller | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT John Merle, Sr. | | Address 3929 Shaw Blvd. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cyst adenoma of right ovary metastases to liver DUE TO (b) metastases to liver DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((a) severe anemia severe anemia | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) mt | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | mt | | |
| 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.) mt | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 9/1/58 to 9/8/58 and last saw her alive on 9/7/58 Death occurred at 3 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Preston C. Hall (Degree or title) M.D. | | 22b. ADDRESS 3902a Lafayette | 22c. DATE SIGNED 9/8/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Sept. 10, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| 24. FUNERAL DIRECTOR Witt Bros. L. & U. Co. ADDRESS 2929 S. Jefferson | | 25. DATE RECD. BY LOCAL REG. SEP 9 '58 | 26. REGISTRAR'S SIGNATURE J. Carl Smith MD |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

health, Welfare Public Service
300 1-56
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. Coroner cannot certify to a death due to natural causes.

Preston Hall
3700 Lafayette

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..... *Harold C. With*

Licensed Embalmer No. 43

P. O. Address 2929 S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.