

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-038019
 State File No.

FILED OCT 27 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9622

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Overland</u> <u>4211</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5243 Plover Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>9104 North Avenue,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARLINE</u>		b. (Middle) <u>A.</u>		c. (Last) <u>MERTLE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 24, 1912</u>		9. AGE (In years last birthday) <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fred Keeton</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Breuer</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph L. Mertle</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph L. Mertle, 9104 North Ave.,</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		19. ADDRESS <u>Overland, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung metastatic</u>		ANTECEDENT CAUSES <u>Primary carcinoma of uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b)</u>			
		DUE TO (c) <u>174x</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>7-9-57</u> , 19 <u>57</u> , to <u>10-6</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10-6-58</u> , 19 <u>58</u> , and that death occurred at <u>12:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. W. Knapp</u>		23b. ADDRESS <u>no. 2 4991 Thrush ave</u>		23c. DATE SIGNED <u>11/7/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/9/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		DATE REC'D BY LOCAL REG. <u>OCT 7 '58</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u>		ADDRESS <u>4828 Natural Bridge Blvd.,</u>		FUNERAL HOME, <u>St. Louis, 15, Missouri</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 *Ralph G. Linders*.....

Licensed Embalmer No. *427*.....

P. O. Address *St. Louis*.....

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.