Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042587
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2950

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLAYTON 5 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST LOUIS CO. HOSP. — Length of stay in Ib: 1 WK.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: KIRKWOOD 47230 22 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1718 VIRGINIA LN. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CORA Middle: Last: WADDELL
4. DATE OF DEATH: Month 11 Day 12 Year 1958

5. SEX: FEMALE
6. COLOR OR RACE: 1 WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: OCT. 15, 1889
9. AGE (In years last birthday): 69 — 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): COOK
10b. KIND OF BUSINESS OR INDUSTRY: MARION'S GRILL
11. BIRTHPLACE (City and state or country): SAPPINGTON, MO. 0
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: HENRY RUHL
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: PEARL WADDELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 498-34-4722
17. INFORMANT: JOS. WAGNER — Address: JENNINGS, MO.

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): Carcinoma of pancreas, metastatic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 157X
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)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 11-5-1958 to 11-12-1958 and last saw her/him alive on 11-12-1958
Death occurred at 5:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Angelo A. Spero M.D. (Degree or title) 0
22b. ADDRESS: 601 S. BRENTWOOD BLVD.
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11/14/58
23c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
23d. LOCATION (City, town, or county) (State): KIRKWOOD, MO.

24. FUNERAL DIRECTOR: PFITZINGER — KIRKWOOD, MO. ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-14-58
26. REGISTRAR'S SIGNATURE: Herbert B. Domke MD

(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 Ben Hoffman

Licensed Embalmer No. 4316

P. O. Address Kirkwood, 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.