RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024428

FILED VS JUN 27 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6062 STATE FILE NUMBER

DED

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 — Length of stay in 1b

c. CITY OR TOWN ST LOUIS, — Inside Limits Yes ☐ No XX

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4216 a W. FARLIN AVE — Inside Limits Yes XX No ☐

d. STREET ADDRESS (If outside, give location) 4216 a W. FARLIN AVE — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First RUTH Middle L. Last DALE

4. DATE OF DEATH Month JUNE Day 13, Year 1960

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/6/13

9. AGE (last birthday) 47 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOSEPH BANHOLZER

13b. MOTHER'S MAIDEN NAME EMILIE VOELPEL

14. NAME OF HUSBAND OR WIFE JOHN R. DALE

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

16. SOCIAL SECURITY NO. #

17. INFORMANT JOHN R. DALE Address 4216 a W. FARLIN AVE

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Metastatic Carcinoma of Spine 170 KF — 5 Mos

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

DUE TO (c) Carcinoma of Breast — 3 Yrs.

O.K. Joseph Sm[illegible] Dec 6 1960

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Strain of Lumbar Muscles & Ligament

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in Bus, which swerved causing her to fall against seat.

20c. TIME OF INJURY Hour a.m. p.m. 2 Month, Day, Year 6-1-59

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.) oo P.S. Bus

20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from Oct 1 - 59, to June 13-60 and last saw her/him alive on June 12-60

Death occurred at 1 30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Francis J Medler MD (Degree or title)

22b. ADDRESS 4114 W Pleasant

22c. DATE SIGNED 6/13/60

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

23b. DATE 6/16/60

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI

24. FUNERAL DIRECTOR STROOT - CARROLL ADDRESS 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG. JUN 14 1960

26. REGISTRAR'S SIGNATURE Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Mielke

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed M. W. Ruster

Signature of Student Embalmer

Licensed Embalmer No. 4865

P. O. Address St Louis, M

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