

NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003 State File No. 9013

318

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>23</u> MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sappington</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. 6, Box 1029</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. 6, Box 1029</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mildred</u>		b. (Middle) <u>Dorothy</u>		c. (Last) <u>Struebig</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1951</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>Sept. 28, 1910</u>		9. AGE (In years, last birthday) <u>41</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert E. Vieten</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Evert</u>		14. NAME OF HUSBAND OR WIFE <u>A. L. Struebig</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>A. L. Struebig</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Carcinoma metastasizing to uterus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma body of uterus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>11/13/50</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus metastasizing to ileum</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>1725 X</u>					
22. I hereby certify that I attended the deceased from <u>2/14/1950</u> , to <u>10/11, 1951</u> , that I last saw the deceased alive on <u>10/21/51</u> , 1951, and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold P. Meyer</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>10/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>10-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>OCT 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Bros. & Co.</u>			
REG.		ADDRESS <u>2929 S. Jefferson</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson

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 this body is not embalmed, fact should be so stated above.