

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31652

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8110

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 MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN WEBSTER GROVES	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSP.		f. STREET ADDRESS (If rural, give location) 427 CLARK			
3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) L. WERTH MULLER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 12, 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 11, 1910	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME COLUMBUS MILLER		13b. MOTHER'S MAIDEN NAME ANNA APKE	14. NAME OF HUSBAND OR WIFE RICHARD H. WERTH MULLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RICHARD H. WERTH MULLER, 427 CLARK		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdominal Metastases			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years
19a. DATE OF OPERATION 1955		19b. MAJOR FINDINGS OF OPERATION as above		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE OR 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 1947 , 19___, to 9/12/55 , 19___, that I last saw the deceased alive on 9/12 , 19___, and that death occurred at 10:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Paul Sawyer M.D.			23b. ADDRESS 1065 Central		23c. DATE SIGNED 9/13/55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9-15-55	24c. NAME OF CEMETERY OR CREMATORY ORR HILL CEMETERY		24d. LOCATION (City, town, or county) (State) WEBSTER GROVES, Mo.
DATE REC'D BY LOCAL REG. SEP 15 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY, 889 S. DRENTWOOD	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John J. Haines*

Licensed Embalmer No. *419*

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.