

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 022857  
State File No. 5414

FILED JUN 20 1957

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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>Missouri</u> b. COUNTY <u>    </u> ✓			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1517 3400 Meramec, St. Louis 18</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gloria</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Saettle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1957</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>May 21, 1903</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>		IF UNDER 1 HRS. Hours <u>    </u> Min. <u>    </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>High Point, Missouri.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer (retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Miller</u>			13b. MOTHER'S MAIDEN NAME <u>- Ora Inman</u>			14. NAME OF HUSBAND OR WIFE <u>Ralph Saettle</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. <u>493-10-4717</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Saettle, 3400 Meramec, St. Louis, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of spleen &amp; liver.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma left heart.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ulcerating tumor descending colon</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>6 yrs</u> <u>?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>170x</u>			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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) _____		21f. HOW DID INJURY OCCUR? _____	
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"/> _____		22. I hereby certify that I attended the deceased from <u>June 1, 1957</u> , to <u>June 7, 1957</u> , that I last saw the deceased alive on <u>June 7, 1957</u> , and that death occurred at <u>9:30A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frances R. Pritchard M.D.</u>			23b. ADDRESS <u>5733 Washington</u>		23c. DATE SIGNED <u>6.10.57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Burial)</u>		24b. DATE <u>6/10/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>High Point, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 10 '57</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser-4228 S. Kingshighway Bl.</u>			

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

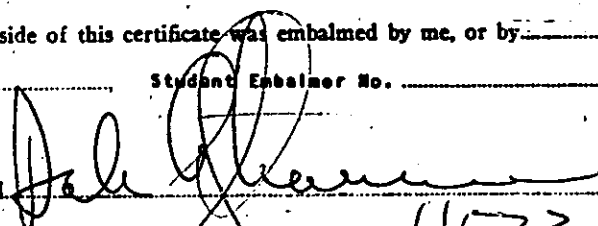
**STATEMENT BY LICENSED EMBALMER**

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 .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4523

P. O. Address \_\_\_\_\_

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.