No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 542

Registrar's No. 186

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence; 5575 Chamberlain /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State St.Louis (b) County 171

(c) City or town St. Louis 3 h
(If outside city or town limits, write "RURAL")

(d) Street No. 5575 Chamberlain
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARY C.KIEL.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry F. Kiel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 18 (Day) 1848 (Year)

8. AGE:

Years	Months	Days	If less than one day
95	11	18	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Michael Dinius.
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Perra
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant George F.Kiel.
(b) Address 270 W.Big Bend.Webster Groves

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation St.Peters Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) JAN 7 1944 (Date received local registrar) (b) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th year 1944 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from Dec 2 1943 to Jan 5 1944 that I last saw her alive on 1/5/44 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Otto C. Hauser (M. D. or other)

Address 3157 Park Ave Date signed 1/5/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Otto Handler
31579 Part
10:30 to 12
RP-3978

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City -

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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