

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6351

State File No. ....

FILED MAR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1372**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b> <b>2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>		d. STREET ADDRESS (If rural, give location) <b>5565 Chamberlain</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b>		b. (Middle) <b>Kiel</b>	
c. (Last) <b>Dyas</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 12- 52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec 29/1881</b>
9. AGE (In years last birthday) <b>70</b>		10. MONTHS <b>70</b>	11. DAYS <b>70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Mr Henry Kiel</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Danning</b>		14. NAME OF HUSBAND OR WIFE <b>David L. Dyas (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Infirmary Records, 5800 Arsenal Street.</b>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis of heart disease</b>	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1952 plus</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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? <b>4200</b>		22. I hereby certify that I attended the deceased from <b>11/15/ 1951</b> , to <b>2/12/ 51</b> , 19____, that I last saw the deceased alive on <b>2/12/52</b> , 19____, and that death occurred at <b>10:20 A.M.</b> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Valerie Prussia Bowditch MD</b>		23b. ADDRESS <b>Infirmary</b>	
23c. DATE SIGNED <b>2/13/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2-15-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>	
25. ADDRESS <b>7233 Delmar Blvd</b>		DATE REC'D BY LOCAL REGS. <b>FEB 13 1952</b>	
REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>	
25. ADDRESS <b>7233 Delmar Blvd</b>		25. ADDRESS	

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.