

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13378

State File No.

3094

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dyess</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST Louis</i>		c. LENGTH OF STAY (in this place) <i>1 day</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Tierman DeStogge Hosp</i>		e. STREET ADDRESS (If rural, give location) <i>Solombu add. 0501</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Alex</i> b. (Middle) <i>Dyle</i> c. (Last) <i>Dyle</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>4-2-54</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1882</i>
9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>General Laborer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Unknown</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Lucille</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Alex Dyle Crystal City, Mo</i>	
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) <i>Bronchopneumonia - lung disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis gen. - severe</i> DUE TO (c) <i>" Central cere.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>yes</i> <i>yes</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>334 X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <i>4-1</i> , 19 <i>54</i> , to <i>4-1</i> , 19 <i>54</i> that I last saw the deceased alive on <i>4-2-</i> , 19 <i>54</i> , and that death occurred at <i>8:00</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M. Kimmel</i>	23b. ADDRESS <i>3404 Union St St Louis</i>	23c. DATE SIGNED <i>4-4-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-5-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Rosewood Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Crystal City Mo</i>
DATE REC'D BY LOCAL REG. <i>APR 6 1954</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Central P. Pelletts Crystal City, Mo</i>	

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.....
Quincy P. Little

Licensed Embalmer No. *34*

P. O. Address *Crystal*

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.