

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40090

State File No.

FILED DEC 31 1954

BIRTH NO. 91399-54 REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4043 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARBLE HILL</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY OR TOWN <u>St. Louis</u> <u>MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>		STREET ADDRESS (If rural, give location) <u>0090</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DIANA</u> b. (Middle) <u>LYNN</u> c. (Last) <u>ARIOLA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>17</u> <u>1954</u>
5. SEX <u>F.M.</u>	6. COLOR OR RACE <u>W</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>11-23-1954</u>
9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>24</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Charles Ariola</u>	13b. MOTHER'S MAIDEN NAME <u>Joan Pollack</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles and a Marble Hill 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, asphyxia, etc.. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute peritonitis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar pneumonia</u> DUE TO (c) <u>7630</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 days</u>
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19a. DATE OF OPERATION <u>12-17-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Acute inflammation of peritoneum, chronic, acute, pulmonary consolidation.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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.) <u>none</u>	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 Dec. 17, 1954, to Dec. 17, 1954, that I last saw the deceased alive on Dec. 17, 1954, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Emmett L. Price, M.D.</u>	23b. ADDRESS <u>Lutetville Mo.</u>	23c. DATE SIGNED <u>12-18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOLLINGER CO. MEM. CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>Lutetville MO</u>		

DATE REC'D BY LOCAL REG. <u>12-20-54</u>	REGISTRAR'S SIGNATURE <u>Willie Vandenberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Alfred Lutetville</u>
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(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.....
Licensed Embalmer No. 381
P. O. Address Cape Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.