

KC-1 333 538

SL-5030 FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD STATE OF DEATH

2828

STATE FILE NUMBER

1190

Registration District No.

Primary Registration District No.

1003

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY. (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND		Length of stay in lb 345		d. STREET ADDRESS (If outside, give location) 118 7/8 3431 VISTA AVENUE	
3. NAME OF DECEASED (Type or print) First Middle Last FREDERICK DONALD DIAL			4. DATE OF DEATH Month Day Year 1/30/58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/13/94	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) GALESBURG, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SILAS DIAL		13b. MOTHER'S MAIDEN NAME HARRIETT JUSTINE		14. NAME OF HUSBAND OR WIFE DIVORCED - NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 511-12-5857	17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE CORONARY THROMBOSIS					1 week
DUE TO (c) 420-1H					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF THE LEFT TONSIL, RECURRENT					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from Death occurred at VA 2/19/57 10:20 AM		to 1/30/58		and last saw him live on 1/30/58	
22a. SIGNATURE Wm. T. Bowles		22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 1/30/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/3/58		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		(State)	
24. FUNERAL DIRECTOR Edward Fendler		ADDRESS 5611 S. Grand		25. DATE RECD. BY LOCAL REG. FEB 1 '58	
26. REGISTRAR'S SIGNATURE Earl Smith me					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 19 1958

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 *Walter F. Kallie Jr* .....  
Licensed Embalmer No. *4950* .....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.